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## ABSTRACT

The revolution in information technology is demonstrated by the dramatic increase in use of the Internet. Since the initial funding of this study, phrases such as "dot com" businesses, e-commerce, and browser wars have become part of regular discourse. Use of email and the World Wide Web (WWW) have become commonplace, potentially linking tens of millions of people worldwide. Even so, while the WWW has been embraced as a means for information dissemination, its use in an epidemiologic context is still in its infancy. The survey capabilities of the WWW suggest the possibility of cost-efficient data collection from large numbers of people. The Epidemiologic Cyberspace Cohort Study was designed to examine the feasibility of enrolling and following participants for a cohort study of diet, other factors, and risk of breast cancer and other chronic diseases. Feasibility was determined by: the number and demographic profile of study participants; the stability and use of email addresses for follow-up; and validity of responses. Technical aspects of feasibility includeD assurance of confidentiality, design of user-friendly survey forms, use of incentives for participation, and methods for data capture and tracking of participants. ECCSite!, the website of the Epidemiologic Cyberspace Cohort Study, was launched on June 6, 1997 (URL: [http://epi.umn.edu/~health\\_survey/health\\_survey.htm](http://epi.umn.edu/~health_survey/health_survey.htm)).

Through December 31, 1998, 4,440 individuals registered for the study and 2,340 participants completed the baseline questionnaire. Participants tended to be highly educated (72% were college graduates) and female (about 80%). Although they came largely (about 90%) from the US and Canada, participants came from numerous countries, indicating the potential and actual global reach of the Internet. The largest proportion of respondents were aged 25 to 54 years, although the age ranged from 18 years to 89 years. This indicates that studies aimed at the etiology of cancer is feasible, given the substantial numbers of middle-aged adults who could be enrolled in a larger study. Food and nutrient intake also demonstrated greater variability in the population than in other prospective cohort studies, and a "validity" substudy demonstrated that these dietary data are reasonably accurate in comparison to mailed food frequency questionnaires. Experience from this feasibility study suggests that the use of the Internet is possible, but that greater enrollment of study subjects requires active promotion of the study through conventional media channels and resources dedicated to the study, including its own web server and programmers to continuously oversee the study.

KEYWORDS: Epidemiology, Diet, Nutrition, Risk Factors, Internet

FOREWORD

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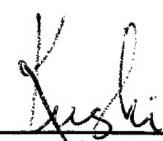
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## INTRODUCTION

This Final Report describes the experience and results of the grant, "Feasibility of Breast Cancer Epidemiology on the Internet" (DAMD17-96-1-6105). The purpose of the study was to examine whether the World Wide Web can be used for the conduct of prospective epidemiologic studies of diet, lifestyle, and risk of breast and other cancers. The rationale for this study lies primarily in the potential of the Internet to provide inexpensive, highly-efficient data collection and follow-up of large numbers of individuals. Just as email has come to replace or complement regular postal service in many contexts, surveys on the Internet may, under some circumstances, be a substitute for mailed questionnaires in epidemiologic studies.

Large, mail-questionnaire-based prospective cohort studies have provided important information regarding the association of dietary factors and other risk factors and risk of breast cancer and other diseases. Examples of these studies include the Nurses' Health Study, comprising about 90,000 women with dietary information who have been followed since 1980 with mailed follow-up surveys every two to four years (1), and the Iowa Women's Health Study, consisting of over 40,000 women in Iowa who have been followed since 1986 (2). Seven such studies, involving over 300,000 women, have been collaborating to examine associations of dietary and other risk factors for breast cancer (3,4). These studies typically involve the mailing of questionnaires that collect information on dietary habits, reproductive and medical history, lifestyle factors such as physical activity and cigarette smoking, demographic information, and various other factors that may be related to risk of breast and other cancers. With follow-up of cohort members for breast cancer occurrence, usually confirmed through medical records or cancer registries, it is possible to relate questionnaire information to risk of developing breast cancer. In the Iowa Women's Health Study, for example, we have reported that breast cancer risk is associated with a higher waist-to-hip ratio (5), increases with increasing alcohol intake (6), is only modestly and weakly associated with dietary fat intake (2,7), and is unrelated to intakes of vitamins A, C or E (8).

Advances in the design and execution of large-scale epidemiologic studies appear to be moving in two directions. First, several studies are attempting to incorporate collection of biological samples as part of data collection. Such tissue samples may be used for evaluation of various biological markers of exposure or cancer risk, including gene polymorphisms. Since study participants are often widely distributed geographically, examination of biological markers are usually limited to those that can be examined in tissues that can be collected by mail and that do not require immediate processing. The other direction in which large-scale studies of diet and cancer have been moving has been to develop methods to establish cohorts that are more likely to provide information about dietary exposures and cancer risk. For example, a large-scale multiethnic cohort study is being conducted in the Los Angeles area and Hawaii, with the idea that there will be greater variation in dietary exposures by enrolling substantial numbers of Japanese Americans, African Americans, and Latino populations in the cohort (L. Kolonel, personal communication). Similarly, we have established a cohort of approximately 75,000 women in Shanghai, partly to examine whether dietary fat may be associated with breast cancer risk in a population of women consuming diets that are substantially lower in fat than found in the U.S. (W. Zheng, personal communication). This feasibility study, examining whether the Internet can be used for such studies, also examined whether substantial variation in dietary habits can be achieved by potentially enrolling cohort members from the US and around the world.

Specific technical aims of this project were to pretest and implement a survey on the World Wide Web, to establish a website for the study, to ensure confidentiality of responses, and to develop methods for follow-up of respondents. Scientific objectives include describing the demographic and nutrient intake profile of participants, determining the validity of dietary data, and determining six-month follow-up rates for the cohort. These efforts should provide a preliminary basis for determining whether epidemiologic cohort studies of diet and cancer can be conducted through the Internet. This final report describes our progress with this investigation.

## BODY

### **Experimental Methods, Assumptions, and Procedures**

The primary methods that were implemented for this study relate to collection of survey information that is posted on the World Wide Web. The survey instrument consisted of several sections, including modules on: demographics; lifestyle factors such as physical activity, cigarette smoking, and a weight history; a food frequency questionnaire that is itself divided into several modules; vitamin and other supplement intake; medical history; reproductive history; and a final module on other information. A complete printout of the front page/consent form, and content of the baseline questionnaire modules is provided in Appendix 1; note that details such as choices provided in pull-down menus are not provided in the printout. Potential participants may connect to our website to fill out our survey, and by doing so become a member of our cyberspace cohort.

At approximately the six-month anniversary of completed submission of information to our study, we sent participants an invitation to participate in a follow-up survey, with questionnaire modules posted on our website. The focus of the follow-up questionnaire was to collect information related to follow-up rates, as well as provide initial indications of the occurrence of some endpoints of interest, including breast cancer. However, as the follow-up period was relatively short, analyses relating baseline questionnaire information with incidence of breast cancer or other endpoints were not conducted. In addition, we ended up with relatively few follow-up questionnaire respondents. The follow-up questionnaire modules are provided in Appendix 2.

“Validity” of the dietary data that was collected on the baseline WWW survey was compared to responses from a food frequency questionnaire that was mailed to a subset of respondents. While this is not a true measure of validity, it does allow comparison of the online questionnaire to an approach that is widely used in other epidemiologic studies, the use of a mailed questionnaire. This comparison among 122 respondents to the mailed questionnaire indicated that the dietary data from the on-line and mailed questionnaires were substantially similar, and that the on-line data collection is likely to be reasonably accurate and suitable for epidemiologic purposes.

## ASSUMPTIONS

The study clearly involves participants who are self-selected. In addition, the participants will by necessity have access to the World Wide Web, and are required to have an email account by which they can register to our site. However, because the purpose of this feasibility study is to establish a cohort that will be followed over time, selection should not be an issue in the long-term study unless the association of dietary habits or other factors with disease is related to whether a person can and decides to participate in the study. While dietary habits may differ from the general population, and disease rates may also differ from the general population, the association between the two should be unrelated to participation. Indeed, demographic data do indicate that our study population is relatively highly educated, and are thus not representative of the general population.

We also assume that participants will respond to our survey as accurately as possible. The “validation” study indicates that responses do appear to be reasonably accurate.

## PROCEDURES

### Introduction to the Website

Initial launching of the study and announcement of the website was relatively cautious, in order to discover bugs or errors by users that we had not anticipated. On June 6th, 1997, the study website was listed on 16 of the most commonly-used Internet search engines, including Altavista (<http://altavista.digital.com>, now <http://www.altavista.com>), yahoo (<http://www.yahoo.com>), and

Excite (<http://www.excite.com/>). It was also promoted over the following few days on several listserv discussion groups, including groups focused on epidemiology, health informatics, dietetics, and breast cancer. The study was also mentioned in the newsletter, *The Epidemiology Monitor* (9); a copy of this article is also provided in Appendix 4. The editor of this newsletter found out about the study through a poster presentation we made at the Annual Meeting of the Society for Epidemiologic Research in Edmonton, Canada (10). Over time, the study was listed through the Department of Health and Human Services' healthfinder.com website of health-related information, and was mentioned in various periodicals, including newspapers such as the San Francisco *Examiner* and the Saint Paul *Pioneer Press-Dispatch*, popular magazines such as *Health* and *Self*, the scientific journal *Science*, and in various newsletters such as the *UC Berkeley Wellness Letter*. Through these avenues, potential study participants became aware of the study and connected to our website.

When a potential study participant connected to the website (formerly at [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/); the website has been taken down due to lack of funds to maintain it), they were greeted by an initial page that invited him or her to participate in the study and receive an individualized nutrient intake profile based on the information they provided. This page had a single hypertext link that connects the person to our "consent form" page ([http://www.epi.umn.edu/~health\\_survey/health\\_survey.htm](http://www.epi.umn.edu/~health_survey/health_survey.htm)). A copy of the consent form page is provided in Appendix 1. The participant is encouraged to read through the consent form, which describes what is expected of the participant, what the participant will receive in return, and potential risks and benefits, among other information.

The consent form page also provided hypertext links to several other parts of the website. A link titled "Background and Research Proposal" provided a full-text copy of the funded grant application. An "Information Server" link provided information about various nutrients of interest, while a "Q & A" link connected to a forum for comments from participants. A link to the "Research Team" provided information about each of the people involved in the study, including connections to individual home pages, while "Other Internet Links" provided annotated hypertext links to selected nutrition- and health-related websites. Finally, a "Logos and Banners" link (or "Help Us Recruit" button) connected the person to logos and advertisement banners that the person can copy for use on his or her own website to promote our study.

### Study Participation

Once the participant has read through the consent information, a graphic and hypertext link would connect the participant to our registration pages. The first page to which the person connects is informational only; it suggests the person use at least Netscape v. 3.0 or Internet Explorer v. 3.0. The webserver determines from this page what browser the person is in fact using, and tailors the questionnaires that the person may eventually connect to based on that information. Specifically, Netscape and Internet Explorer browser versions 3.0 and higher are able to read javascript without some common errors; thus, the questionnaire versions that individuals using such browsers connect to have some javascript logic-checking built in. If the person is using an earlier version of these browsers or another browser, they were connected to versions of the questionnaire that do not have the logic-checking built in. Otherwise, what the person sees is identical to the javascript-enabled questionnaires.

From this page, the person can link to the registration page. This page is a secure page, in that any information submitted from this page (and any of our survey modules) is encrypted for transmission. This means that if it is intercepted enroute, it will not be interpretable. The person is required to check a box that acknowledges that he or she has read the consent information, then has to provide a username ("Bill" is given as an example) and an email address (for example, "president@whitehouse.gov"). When this information is submitted to our server, the person is then automatically connected to a page that outlines the modules that make up the survey. The

person is free to either connect to the first module, consisting of basic demographic information, or to exit from our website.

If the person connects to the first questionnaire module and completes it, the participant can choose to submit the information to our server. If submitted, the computer will automatically feedback the responses the person has provided, providing an opportunity for the person to go back and edit his or her responses if there is an error. Once the responses are verified, the person can submit the information to our computer. Again, this information is encrypted for transmission. The person is then automatically connected to the next questionnaire module. Once again, the person can choose to exit our website, or continue filling out the questionnaire. This sequence is followed through the several questionnaire modules until the final questionnaire module is completed and submitted to our computer.

If the person chooses to exit the survey, he or she is able to return to the website at a later time and register as a returning participant. At that time, the webserver verifies that the username and email address have been registered, and then connects the person to the next questionnaire module that the person is to fill out. In this way, no person needs to fill out the same set of questions more than once, and a participant does not need to stay connected to our website for longer than the few minutes that is required to fill out a module.

Among questionnaire items, there are only two that the participant is required to fill out. The first is the gender of the person, whether male or female. This response is required as we have created somewhat different medical and reproductive history modules for each sex. For example, the female modules ask questions regarding age at menarche and menopause, number of pregnancies, breastfeeding practices, use of oral contraceptives, etc. The male modules ask about digital rectal exams for prostate cancer screening, symptoms associated with prostate problems, etc. If a person is female, she will not need to fill out or skip over the male-specific questions, and vice versa. The second item that we require is birthdate, from which we calculate the age of the respondent. Both the sex and birthdate are used to provide age-sex specific information regarding the recommended dietary allowances that accompany the individualized nutrient intake feedback.

When the participant first registers for the study, a separate datafile is created on our computer that is specific for that participant. As he or she submits each questionnaire module to us, the relevant data are placed into that participant-specific datafile. Once the person has submitted all the questionnaire modules to us, the data are transferred from the participant-specific datafile into a study master database. In addition, the food frequency information is linked automatically to a nutrient analysis program that calculates over 100 nutrients and other dietary factors based on the frequency of known food items submitted to the computer. The output from this program is also placed in the master datafile.

In addition, some of the information from the nutrient analysis program is transmitted back to the study participant in real time. The participant thus receives individualized information about their dietary intake patterns regarding percent of calories from fat, saturated fat, carbohydrate, and protein; dietary cholesterol and fiber intake; and intake of calcium, iron, zinc, and several vitamins. Comparison values derived from US federal government publications or the National Academy of Sciences (11,12) are also provided; when appropriate, these are given as age and sex specific values (e.g., for the Recommended Dietary Allowances).

## Results and Discussion

### PARTICIPANTS

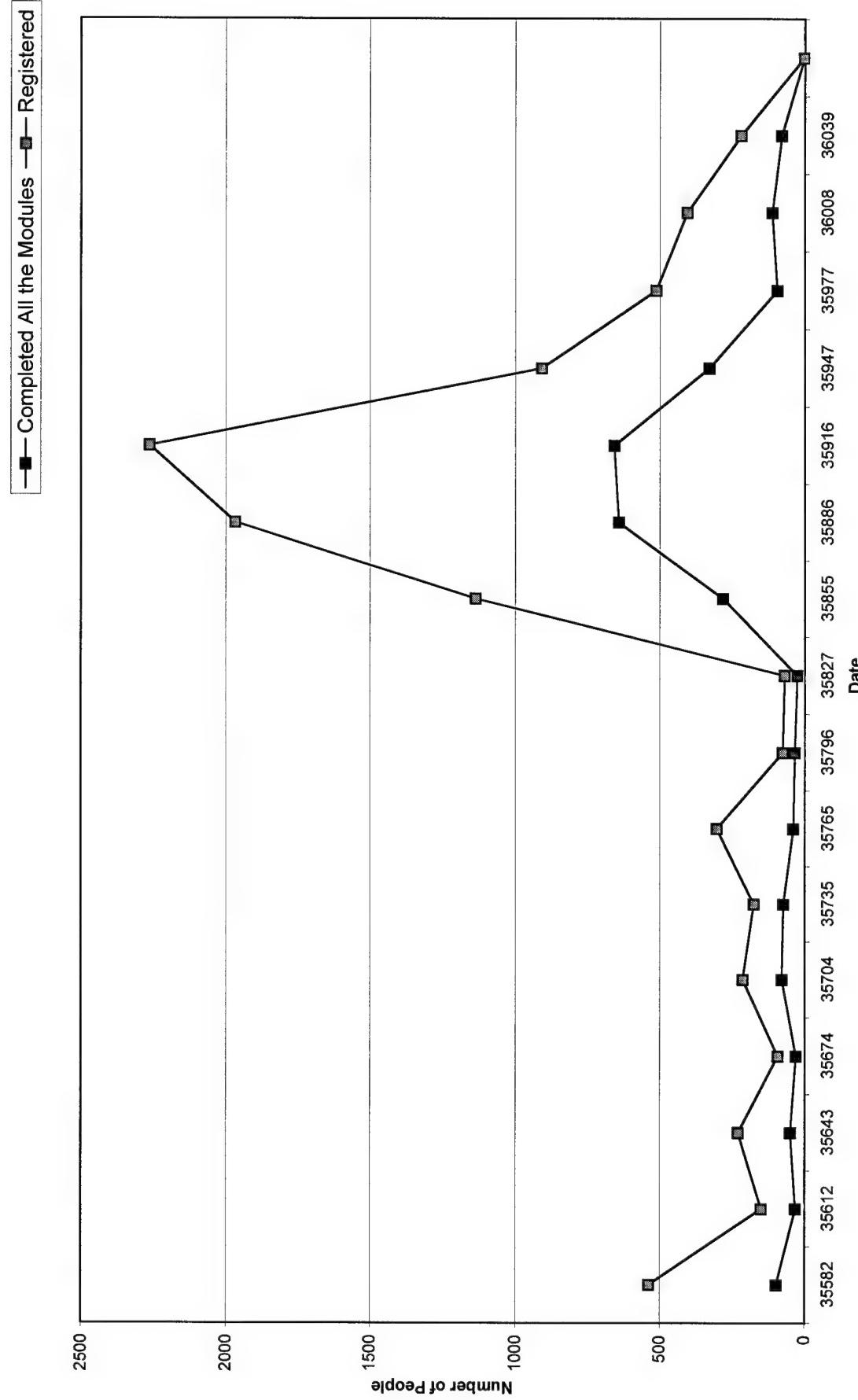
The website was officially "launched" on June 6th, 1997. In the first two months after website was launched (through July 30th, 1997), we had a total of 580 individual participants. Through the rest of the year, there were relatively few participants. However, starting in March of 1998, we had substantially greater numbers of participants. The pattern of response is shown in Figure 1. The reason for the substantial increase in participants in March-May, 1998 is that that is the period during which much of the media coverage of our study was published. The study was first mentioned in the *UC Berkeley Wellness Letter* March 1998 issue. This was picked up by other media, resulting in a dramatic increase in the number of hits our website received. Note that the proportion of participants who actually completed all questionnaire modules remained relatively similar throughout the length of the study; note that we stopped promotion of the site In September, 1998, when it was clear that we would no longer have funds available to continue its maintenance and improvement. The site was taken down at the end of the funding period.

**Table 1. General Demographic Characteristics of 4,440 Participants in the Epidemiologic Cyberspace Cohort Study Feasibility Study**

		Males n=868	%	Females n=3,572	%
Age	18-24	120	13.82	451	12.63
	25-34	205	23.62	1,210	33.87
	35-44	153	17.63	832	23.29
	45-54	184	21.20	731	20.46
	55-64	113	13.02	268	7.50
	65-74	68	7.83	67	1.88
	75+	25	2.88	13	0.36
Ethnicity	White	768	88.48	3,224	90.26
	African-American	8	0.92	41	1.15
	Asian	43	4.95	137	3.84
	American Indian	3	0.35	21	0.59
	Other	23	2.65	70	1.96
	Not Specified	23	2.65	79	2.21
Country of Residence	USA	671	77.30	3073	86.03
	Canada	65	7.49	200	5.60
United Kingdom:					
England, Scotland, Wales & N. Ireland					
Europe (excluding UK)					
Australia					
Asia					
Latin America					
Africa					
Other					
Not Specified					

Table 1 provides basic demographic information for 4,440 participants in the study who had enrolled as of December 31, 1998. As can be noted, the vast majority (80.5%) of participants were female, a trend that was apparent since the very early stages of the study. There was a wide age range, with the youngest participant being 18 years old, and the oldest being 89 years old. However, the majority of participants were between 25 and 54 years of age. Although the age range

**Figure 1. Registration Over Time**



of participants is therefore somewhat younger than may be desirable for relatively short-term prospective studies of cancer (as cancer incidence rates are generally substantially higher among older men and women), it does suggest that there is the potential for sizable numbers of middle-aged participants to be recruited into such a study.

Table 1 also indicates that a substantial majority (about 90%) of participants are white, and that most come from the US and Canada (also about 90%). However, participants came from a large number of other countries, including most European countries; Australia and New Zealand; Mexico, Honduras, Argentina, Brazil and Suriname; China, Hong Kong, Malaysia, the Phillipines, and Japan; South Africa, Niger, and Zimbabwe; and Israel, Kuwait, Iraq, and Pakistan. Although there was as few as one participant from some of these countries, this breadth demonstrates the global reach of the Internet, and that inexpensive data collection is possible from around the globe.

**Table 2. Demographics and health behaviors for those who completed the modules**

		Males n=484	% of Males	Females n=1909	% of Females
Education	< High School	3	0.62	16	0.84
	High School Graduate	36	7.44	105	5.50
	Some College	72	14.88	369	19.33
	College Graduate	174	35.95	747	39.13
	Graduate/Professional Degree	182	37.60	623	32.63
	Not Specified	17	3.51	49	2.57
Annual Household Income	Less than \$5,000	18	3.72	63	3.30
	\$5,000-14,999	29	5.99	108	5.66
	\$15,000-24,999	32	6.61	141	7.39
	\$25,000-34,999	37	7.64	227	11.89
	\$35,000-44,999	49	10.12	200	10.48
	\$45,000-54,999	38	7.85	215	11.26
	\$55,000-64,999	43	8.88	147	7.70
	\$65,000-74,999	31	6.40	119	6.23
	\$75,000-84,999	38	7.85	110	5.76
	\$85,000-99,999	30	6.20	104	5.45
	\$100,000-149,999	53	10.95	149	7.81
	\$150,000-199,999	14	2.89	39	2.04
	\$200,000+	10	2.07	32	1.68
Employment Status	Not Specified	62	12.81	255	13.36
	Full-time	306	63.22	1187	62.18
	Part-time	74	15.29	387	20.27
	Unemployed	85	17.56	279	14.61
Smoked < 100 Cigarettes in Life-Time	Not Specified	19	3.93	56	2.93
	Yes	195	40.29	705	36.93
	No	116	23.97	357	18.70
Exercise Regularly	Not Specified	173	35.74	849	44.47
	Yes	337	69.63	1286	67.37
	No	131	27.07	574	30.07
	Not Specified	16	3.31	49	2.57

Further demographic information on the 2,393 individuals who completed all questionnaire modules as of December, 1998, is provided in Table 2. As can be seen, a substantial majority of participants graduated college (about 72%); of these, almost half had received a professional or graduate degree. Income levels were widely distributed, and most participants were employed.

**Table 3. Disease Related Outcomes for those who completed the modules**

		<b>Males n=484</b>	<b>% of Total Males</b>	<b>Females n=1909</b>	<b>% of Total Females</b>
<b>Angina</b>	Yes	18	3.72	15	0.79
	No	442	91.32	1831	95.91
	Not Sure	4	0.83	7	0.37
	Missing	20	4.13	56	2.93
<b>Heart Attack</b>	Yes	17	3.51	2	0.10
	No	443	91.53	1845	96.65
	Not Sure	2	0.41	4	0.21
	Missing	22	4.55	58	3.04
<b>High Cholesterol</b>	Yes	118	24.38	368	19.28
	No	320	66.12	1435	75.17
	Not Sure	24	4.96	33	1.73
	Missing	22	4.55	73	3.82
<b>Hypertension</b>	Yes	62	12.81	144	7.54
	No	391	80.79	1685	88.27
	Not Sure	8	1.65	11	0.58
	Missing	23	4.75	69	3.61
<b>Stroke</b>	Yes	5	1.03	5	0.26
	No	451	93.18	1827	95.70
	Not Sure	3	0.62	5	0.26
	Missing	25	5.17	72	3.77
<b>Arthritis</b>	Yes Rheum	5	1.03	46	2.41
	Yes Other	44	9.09	193	10.11
	No	398	82.23	1549	81.14
	Not Sure	11	2.27	47	2.46
<b>Diabetes</b>	Missing	26	5.37	74	3.88
	Yes	14	2.89	31	1.62
	No	438	90.50	1799	94.24
	Not Sure	2	0.41	3	0.16
<b>Osteoporosis</b>	Missing	30	6.20	76	3.98
	Yes	3	0.62	44	2.30
	No	448	92.56	1755	91.93
	Not Sure	2	0.41	23	1.20
<b>Cancer</b>	Missing	31	6.40	87	4.56
	Yes	29	5.99	129	6.76
	No	428	88.43	1693	88.69
	Not Sure	1	0.21	4	0.21
<b>Any of the Above Conditions</b>	Missing	26	5.37	83	4.35
	Yes	185	38.22	551	28.86
	No	275	56.82	1286	67.37
	Not Sure or Missing	24	4.96	72	3.77

Table 3 lists the proportion of participants who reported on the baseline questionnaire that they had at least one of several conditions of interest. The largest proportion were those with a high cholesterol level, approximately 20% of participants. Approximately 11 percent reported having some form of arthritis, and 9% hypertension. Only a small percentage reported having been diagnosed with cancer (6%) or heart disease (2%). This is important because one concern was that an online survey aimed at diet and health might attract a large proportion of respondents who were

previously diagnosed with cancer, and thus render studies of the etiology and prevention of breast cancer infeasible (although the possibility of studying breast cancer prognosis might become more apparent). In this context, it is reassuring that only a small percentage of participants (about 6%) had conditions that would preclude them from being included in analyses related to the etiology of breast or other cancers.

#### NUTRIENT INTAKE

Tables 4-5 present information related to dietary data that have been collected for the study. In Table 4, the mean intake (and standard deviation) are presented for selected nutrients. These data do not include intake from supplements or from additional foods that the participants may have entered on the questionnaire (they have the opportunity to list additional foods after each food frequency questionnaire module). The table indicates that the nutrient intake profile suggests a lower fat intake (27.4% of energy) and higher carbohydrate intake (54.3% of energy) than is generally assumed for the U.S. population as a whole.

**Table 4. Nutrient Data for those who completed the modules**

Nutrients	Males n=484	Std Dev	Females n=1909	Std Dev
Calories (kcal)	2087.72	1119.63	1732.83	655.91
Total Protein (g)	89.01	56.91	79.03	33.36
Animal Protein (g)	57.39	44.6	51.7	28.22
Vegetable Protein (g)	30.85	18.87	26.86	12.8
Total Fat (g)	64.96	45.12	53.46	27.73
Animal Fat (g)	33.92	27.82	28.18	18.37
Vegetable Fat (g)	28.99	21.48	23.75	13.87
Saturated Fat (g)	22.15	16.46	18.96	10.92
Monounsaturated Fat (g)	24.17	18.1	19.17	10.54
Polyunsaturated Fat (g)	12.4	7.94	10.31	5.72
Total Carbohydrate (g)	280.18	144.6	234.92	93.47
Starch (g)	82.36	48.99	70.93	33.47
Total Sugar (g)	126.72	69.48	103.78	51.43
Sucrose (g)	47.29	30.37	40.05	23.86
Maltose (g)	1.8	1.16	1.62	1.02
Lactose (g)	14.5	15.9	13.97	11.71
Glucose (g)	29.26	19.26	22.11	13.87
Fructose (g)	33.88	21.51	26.03	16.35
Alcohol (g)	10.26	16.98	5.1	8.04
Dietary Fiber (g)	26.25	15.96	23.19	11.06
Dietary Cholesterol (g)	243.18	349.44	197.73	136.14
Calcium (mg)	959.74	665.18	918.89	449.08
Iron (mg)	13.58	9.04	11.65	5.45
Vitamin A (RE)	1561.65	1281.61	1616.72	1289.31
Vitamin C (mg)	192.92	122.15	173.29	105.82
Vitamin E (mg TE)	10.82	6.11	9.22	4.59
Folate ( g)	357.05	200.36	315.86	146.49
Protein % of Calories	17.12	3.57	18.27	3.84
Total Fat % of Calories	27.35	7.25	27.33	6.99
Saturated Fat % of Calories	9.29	3.3	9.65	3.27
Monounsaturated Fat % of Calories	10.13	3.09	9.77	2.85
Polyunsaturated Fat % of Calories	5.36	1.88	5.32	1.82
Total Carbohydrates % of Calories	54.26	9.82	54.6	9.44

**Table 5. INTAKE OF SELECTED NUTRIENTS IN THE IOWA WOMEN'S HEALTH STUDY (EXCLUDING INTAKE FROM SUPPLEMENTS) (N=38,740)**

Nutrient	Mean	SD	Percentiles				
			10	25	50	75	90
Total fat (% energy)	34.0	5.7	26.8	30.3	34.1	37.8	41.1
Saturated fat (% energy)	11.9	2.6	8.9	10.3	11.8	13.4	15.1
Monounsaturated fat (% energy)	12.9	2.5	9.7	11.3	12.9	15.6	16.1
Polyunsaturated fat (% energy)	6.0	1.4	5.0		5.9	6.9	8.8
Protein (% energy)	18.0	3.2	14.2	15.9	17.9	19.9	22.0
Carbohydrate (% energy)	48.1	7.7	39.1	43.8	48.8	53.6	58.2
Dietary fiber (g)	19.7	8.0	10.9	14.3	18.6	23.8	29.6
Dietary cholesterol (mg)	217.8	148.0	68.0	186.9	255.1	334.2	423.8
Folic acid (mg)	311.6	132.3	136.7	224.7	293.9	373.3	463.8
Calcium (mg)	804.9	396.9	369.7	515.3	711.0	1077.4	1315.7
Iron (mg)	14.2	7.6	7.4	9.5	12.6	16.8	22.5
Vitamin A ( $\mu$ g RE)	1833.1	1441.0	695.3	1004.4	1621.5	2327.0	3049.3
Vitamin C (mg)	154.5	83.2	67.1	100.7	142.2	190.4	247.9
Vitamin E (mg $\alpha$ TE)	9.7	5.5	5.1	6.6	8.7	11.3	14.6

For comparison purposes, Table 5 provides nutrient intake profiles from the Iowa Women's Health Study. The ECCS participants generally consume a more "healthful" diet, with somewhat lower fat and cholesterol and higher fiber intake than the Iowa women. This may partly be a result of secular trends - the Iowa data were collected in 1986, as compared with 1997-98 for the ECCS participants. It may also reflect differences in the food frequency questionnaires (more food items on the ECCS questionnaire), or in the study populations (about 10% of ECCS participants live outside the US or Canada). In any case, it appears that the variance and range of intakes are substantial in the ECCS study population. For example, the standard deviation for fat intake (% of energy) from the ECCS population is 7.25 units; from the Iowa study, it is 5.7 units. Looked at from another perspective, the 10th and 90th percentiles for fat intake as a percent of energy ranges from 19.4 to 36.5 in the ECCS (not shown in the tables), for an absolute difference of 17.1 units, as compared to the Iowa study, with comparable values of 26.8 and 41.7, for an absolute difference of 14.9 units. This results in more power to detect differences in disease risk for a given population size, as there is more between-person variation in nutrient intake (13,14).

**Table 6. INTAKE (SERVINGS/DAY) OF SELECTED FOOD GROUPS IN THE ECCS FEASIBILITY STUDY AND THE IOWA WOMEN'S HEALTH STUDY**

Food group	<u>ECCS Feasibility Study</u>		<u>Iowa Women's Health Study</u>	
	Mean	SD	Mean	SD
Breads and cereals	3.95	2.37	3.76	1.95
Dairy	2.31	1.75	2.48	1.74
Vegetables	4.63	2.74	3.65	2.11
Fruit	2.61	1.85	2.63	1.62
Red meat	0.61	0.71	0.84	0.57
Poultry	0.35	0.37	0.26	0.27
Fish	0.24	0.28	0.47	0.46

Table 6 shows similar comparisons for intake of major food groups. Two points to note from this table are again, for most food groups the variation in food group intake is somewhat

larger in the ECCS study than in the Iowa Women's Health Study, and the ECCS participants appear to consume a somewhat more "healthful" diet than the IWHHS participants. These two points indicate that the Internet can be used to enroll a population with a more widely-varying food and nutrient intake than has been seen in many current cohort studies of diet and cancer. This underscores the potential of this method to address these questions.

#### "VALIDATION" STUDY OF FOOD AND NUTRIENT INTAKE

In order to examine whether the on-line questionnaire provides similar nutrient intake estimates to that obtained from a mailed food frequency questionnaire, we conducted a substudy in which ECCS participants were mailed a food frequency questionnaire. Their responses on the mailed food frequency questionnaire were then compared to their responses from the on-line version of the questionnaire. Although this is not a true "validation" study in that similar types of dietary assessment instruments are used, it does allow comparison of our novel method of assessing diet (through an on-line survey) with a method that is well-accepted in large epidemiologic studies.

In September 1998, 356 people who completed the on-line questionnaire were contacted by mail and invited to participate in this study. Subjects were asked to fill out and return a paper version of the food frequency questionnaire (Appendix 3). One-hundred eighty-nine people (53%) returned the questionnaire. Information on 122 participants is currently available for analysis. Data for the other respondents have not yet been entered due to lack of funds and inability to pay a research assistant to complete data entry. However, analyses from the 122 participants demonstrates that there is reasonably good agreement and a high degree of correlation between data from the two surveys.

**Table 7. COMPARISON OF NUTRIENT INTAKE, EXCLUDING SUPPLEMENTS, BETWEEN ON-LINE VERSUS MAILED FOOD FREQUENCY QUESTIONNAIRE IN THE ECCS FEASIBILITY STUDY (n=122)**

Nutrient	On-line FFQ		Mailed FFQ		Correlation	
	Mean	SD	Mean	SD	Pearson	Spearman
Total energy (kcal)	1810.1	690.0	1760.3	559.5	0.64	0.64
Total fat (% energy)	34.5	17.0	32.4	15.1	0.61	0.63
Saturated fat (% energy)	12.3	6.4	11.6	5.9	0.66	0.69
Monounsaturated fat (% energy)	12.5	6.5	11.6	5.6	0.64	0.65
Polyunsaturated fat (% energy)	6.5	3.2	6.2	3.2	0.53	0.59
Total fat (g)*	59.6	15.7	56.4	17.1	0.74	0.65
Saturated fat (g)*	21.3	7.0	20.2	7.8	0.80	0.73
Monounsaturated fat (g)*	21.5	6.9	20.2	6.9	0.79	0.70
Polyunsaturated fat (g)*	11.3	3.3	10.7	4.9	0.53	0.57
Protein (g)*	85.3	26.4	85.3	16.3	0.65	0.66
Carbohydrate (g)*	260.0	45.3	241.5	45.6	0.75	0.70
Dietary fiber (g)*	25.9	9.4	24.7	8.7	0.83	0.77
Dietary cholesterol (mg)*	217.0	87.1	207.2	90.1	0.78	0.72
Folic acid (mg)*	329.5	92.7	326.3	103.0	0.73	0.79
Calcium (mg)*	1007.0	330.3	974.0	335.1	0.65	0.64
Iron (mg)*	13.5	3.7	13.0	3.7	0.86	0.76
Vitamin A (IU)*	13638.0	8423.5	13437.0	8236.4	0.65	0.68
Vitamin C (mg)*	166.9	69.6	163.6	75.8	0.61	0.68
Vitamin E (mg αTE)*	7.1	2.2	6.9	2.7	0.76	0.70

\* estimates from residual method as described by Willett et al. (15).

Table 7 presents the average nutrient intake for the on-line and mailed versions of the questionnaire for selected nutrients. As can be seen, mailed version of the questionnaire tended to result in average intakes that were slightly lower than the mailed questionnaire for almost all nutrients. However, the differences were small. In particular, the correlation between the two methods were quite high, on the order of about 0.6 to 0.8. These correlations are generally higher than those seen in most "validation" studies of nutrient intake that compare two different dietary assessment methods, and are also similar or higher than correlations that are seen with repeat assessments of the same food frequency questionnaire using the same methods (16). Thus, these data indicate that there is good agreement between these two methods, and that nutrient intake as assessed by the online questionnaire is reasonable and comparable to methods used in other large prospective epidemiologic studies of diet and breast cancer.

#### FOLLOW OF PARTICIPANTS

It was our intent to determine follow-up rates related to sending email reminders to individuals who participated in the study, and ask them to fill out follow-up questionnaires. Unfortunately, for various reasons, we ended up not being able to fully implement this aspect of the study. Thus, we have incomplete information on the success of short-term follow-up. On or about the six-month anniversary of the initial completion of the questionnaire modules, individuals were asked to return to the website to fill out a follow-up questionnaire.

Through May, 1998, a total of 504 individuals were eligible for follow-up, i.e., they had completed their baseline questionnaire at least six months prior to that time. Of these 504 people who are eligible for follow-up, 120 (23 percent) completed the follow-up questionnaire. This is unfortunately a relatively low rate of follow-up; prospective epidemiologic studies typically try to obtain follow-up rates of at least 90 percent, as the validity of findings are dictated in large part by the success of follow-up and avoidance of bias due to loss of individuals and unknown status for endpoints of interest. Many of the individuals had email addresses that were no longer functional and could not be contacted. Whether they still had email addresses is not known. A more frequent contact than a six-month time period is necessary to ensure that participants return to the website to provide us with email address changes. We did not attempt follow-up with the vast majority of enrollees in this study, who would have become eligible for follow-up in October or November of 1998, as this was during the last months of the study period.

#### PROGRESS IN RELATIONSHIP TO STATEMENT OF WORK

The following relates the Statement of Work as provided in our proposal to accomplishments of the study. The task as proposed is provided in italics, and our accomplishments are provided in annotation beneath the relevant task. Generally, aside from delays in hiring and establishing the website, which pushed official launch of the website back approximately 5 months overall, the study was able to complete or gain information on most aspects that were sought. Unfortunately, because of this loss of time up-front, we had relatively short follow-up time for study participants through the end of the funding period.

**Task 1.** Months 1-6: *Development of a database and surveys that will allow collection of epidemiologic information related to diet and breast cancer risk factors on the Internet through the World Wide Web. Ensure that concerns related to confidentiality of information are addressed.*

These tasks were accomplished; these were largely completed by Month 8 of the study, approximately two months behind schedule. Initial delay was a result of delay in hiring programming help until the beginning of fall quarter of the academic year (Month 3).

Implementation of a secure server was delayed for various technical reasons until month 11 of the study; these technical reasons were related primarily to the fact that our server had a VMS operating system, and only one software company (Purveyor) had web server software with secure encryption capabilities for this platform. Several of the uses that we wanted to implement were novel applications for the Purveyor software (for example, providing feedback to the participant), and appropriate implementation needed to be worked out with both our onsite computer administrators and the staff at Purveyor.

**Task 2.** Months 3-6:      *Pilot testing and refining of the survey and database procedures within the Division of Epidemiology.*

This pilot testing occurred during months 6 through 10, with invitation to the 300-plus employees of the Division of Epidemiology to connect to our then-insecure web server to pretest the questionnaires. Comments and feedback were received from several people, resulting in improvements and language changes in the surveys and other aspects of the website.

**Task 3.** Month 6:      *Establishment of an Internet site with our survey on the World Wide Web.*

The website was officially launched on June 6, 1997 (in Month 12).

**Task 4.** Months 6-18:      *Data collection from survey participants through the Internet.*

Demographic data, history of various diseases of potential interest in a follow-up questionnaire, and other information is summarized in Tables 1-3, presented above. Nutrient intake data are provided in Tables 4-6. These data were collected largely over the time period indicated in Figure 1.

**Task 5.** Months 7-18:      *Implementation of dietary questionnaire reliability studies.*

The “validity” study began in month 15 (September 1997), and continued through September 1998). The vast majority of questionnaires that were mailed were returned by the end of 1997, but they continued to trickle in during the first few months of 1998. Data entry occurred on an ad hoc basis, and could not be completed for all questionnaires received. Comparisons of data from the mailed questionnaire and online questionnaire are provided in Table 7.

**Task 6.** Months 6-12:      *Development and pilot testing of methods for conducting follow-up surveys on the World Wide Web.*

A follow-up questionnaire (provided in Appendix 2) was developed during the summer and fall of 1997.

**Task 7.** Months 12-18:      *Implementation of follow-up surveys on the World Wide Web.*

The follow-up surveys were launched six months after the website was first launched (that is, on November 6th, 1997, in Month 17). As noted above, only a small proportion (23%) of individuals invited to fill out the follow-up survey actually did so.

## Publications and Presentations

Kushi LH, Finnegan J, Martinson B, Rightmyer J, Vachon C, Yochum L. Epidemiology and the internet. [Letter] *Epidemiology* 1997; 689-690.

Kushi L. Can the Internet be used for prospective epidemiologic studies? The Epidemiologic Cyberspace Cohort Study. Presented at the Fred Hutchinson Cancer Research Center, Seattle, WA, May 19, 1997.

Kushi L, Yochum L. Can the Internet be used for prospective epidemiologic studies? The Epidemiologic Cyberspace Cohort Study. Presented at the Division of Epidemiology seminar, Minneapolis, MN, May 21, 1997.

Kushi L, Rightmyer J, Yochum L, Vachon C, Martinson B, Lazovich D, Finnegan J. Feasibility of use of the Internet for prospective epidemiologic studies. Presented at the 30th Annual Meeting of the Society for Epidemiologic Research, Edmonton, AB, June 12-14, 1997.

Kushi L. Examining the use of the Internet for epidemiologic studies: The Epidemiologic Cyberspace Cohort Study. Presented at the weekly colloquium, Division of Cancer Prevention and Control, National Cancer Institute, Rockville, MD, October 15, 1997.

Kushi L, Werner E, Yochum L, Rightmyer J, Allen R, Davis D. Use of the Internet for collecting data for the Breast Cancer Core Questionnaire. Presented at the 125th Annual Meeting of the American Public Health Association, Indianapolis, IN, November 12, 1997.

Kushi L. Dietary trends and use of the Internet. Presented at the International Conference on Mediterranean Diet. Cambridge, MA, January 20-24, 1998.

Yochum L, Kushi L, Rightmyer J, Finnegan J. Validity of a food frequency questionnaire administered through the Internet. *Eur J Clin Nutr* 1998; 52(Suppl 2):225.

## Recommendations

This feasibility study aimed at use of the Internet for conducting epidemiologic studies demonstrated that, from a technical perspective, it is possible to develop and implement a survey that can collect food intake and other information that may be relevant to etiologic studies of breast and other cancers. It is also possible to provide real-time feedback on items such as nutrient intake that are calculated from the information the individuals provide. This information is reasonably accurate for epidemiologic purposes. The two areas in which this feasibility study was disappointing were: 1) sporadic recruitment of participants to the study; and, 2) inadequate rates of follow-up. These are discussed in further detail here.

Recruitment of participants was largely through passive and opportunistic means. The only active recruitment we attempted was through postings on various listserv-type discussion groups on the Internet. Otherwise, people surfing the World Wide Web would have to find us, through search engines or other links that pointed to our website. The vast majority of individuals who did find our website were made aware of the study through normal media channels (newsletters, newspapers, magazines and journals), rather than through electronic means. Thus, in order for such a study to be successful at recruiting the large number of participants that are theoretically possible to reach through the Internet, active recruitment through the use of conventional media channels will be required. While some of this could be opportunistic, in that news coverage of the study could result in increases in numbers of participants (this was the case in this feasibility study, in which a substantial majority of participants visited after reading about us), a more steady flow of participants to the study will probably require regular promotion of the website and study through conventional media channels. It is likely that this would extend to most Internet applications in the health arena that attempt to recruit the general population.

Regarding follow-up rates, more frequent contact with individuals to obtain updated email addresses is required. In addition, the participants will need to have a greater sense of value that is provided by the study website. To this end, any future implementation of such a study should include more content on the website that is of interest to the study population of interest. While we did provide information about various nutrients, this and other information will need to be augmented and updated on a regular basis. A greater sense of "ownership" and contribution to the study is also probably worthwhile. To this end, we did implement a page on the website that was updated on a dynamic basis that listed the number of participants and certain basic demographic information about participants.

The study encountered various technical hurdles initially and throughout its implementation. For these reasons, at least one full-time webmaster/programmer with knowledge about hardware needs and related programming is required to successfully implement and carry out an Internet-based study. In addition, a dedicated server is required to ensure that limitations are minimized and server constraints do not limit speed of access to the website. This was something that we ran into during the time period (March-May, 1998) when we had the greatest traffic to our website. The website itself was on the Division of Epidemiology's computer and not on a dedicated webserver. When the website had a large surge in hits, other tasks for which the computer was used (e.g., data analysis on the many other projects that used the computer) were suddenly unable to carry out their tasks. As a result, the computer administrators decreased the number of individuals who could connect to the website at any one time (from 20 to 5), and also changed the priority of website as far as use of CPU from a level equal to other uses to a lesser priority. As a result, we received a number of email messages complaining that individuals might have been able to register for the study, but had extreme difficulty accessing questionnaire modules. Thus, had we had a dedicated webserver, we might have been able to have had substantially greater numbers of participants.

There were various other technical lessons that were gained from the study. In future implementations, we would design the questionnaire modules in a different manner, such that only questions relevant to a given individual would be downloaded to the end user. Although we had

some tailoring of questions according to sex of the participant, and skip patterns were built into the questionnaire, there was still a requirement that all questions related to smoking, for example, were downloaded to all participants, including nonsmokers. The following paragraphs outline more details regarding the technical requirements of future studies, some of which were implemented during the course of our study.

#### ESTABLISHMENT OF WEBSITE AND TECHNOLOGY REQUIREMENTS

The primary objective of the Epidemiologic Cyberspace Cohort Study (ECCS) was to design a WWW website (ECCSite, the website of the ECCS) for the purposes of collecting information about diet, health and lifestyle over the Internet. In addition, this information and functionality were to be provided in a secure and authorized environment. An informatics development process was used to determine a technical methodology to collect this information using web-based HTML forms and interactive feedback applications. These resulting methodologies and interactive applications are the basis of the ECCSite survey system and require the integration of several Internet technologies and communications protocols described below.

##### Technological Requirements for Web Development

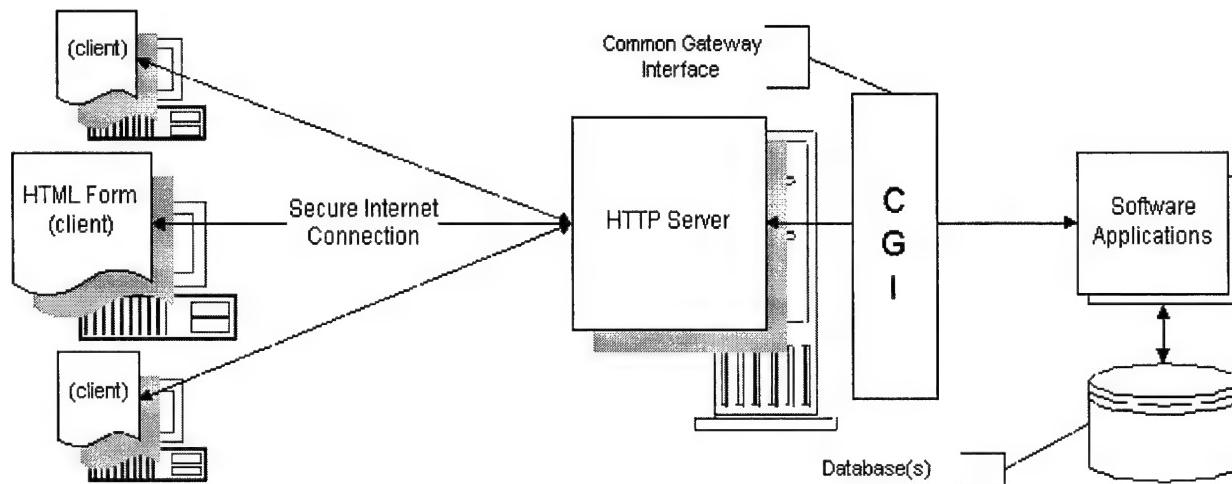
There are several technological requirements to develop a website for collecting timely information from its visitors and providing an engaging and educational environment. The fundamental component of a website is the web server. It is a software application which permits the host computer (server) to communicate with other computers (clients) using hypertext transfer protocol (HTTP), the standard protocol for exchanging information in HTML format. To provide an interactive and dynamic website, further web applications must be designed. These applications use the programming interface (API, application programming interface, or CGI, common gateway interface) of the web server to interact with the client's web browser and other applications or services (e.g. databases) available on the host server. In general, these programs are often written in programming languages such as C, PERL or VisualBasic. Data collected from end users can be stored as either ASCII text (flat file) datafiles or placed in database management systems such as Oracle, Sybase or Rdb.

In addition to the software applications need for the server, the generation of web pages requires HTML development tools. These tools can be obtained for a variety of platforms (Macintosh, Windows/Intel and UNIX) and are used to develop web pages and graphics independent of the host web server and operating system. Standard development tools such as BBedit (Macintosh) or Home Site (Windows/Intel) are used to format web pages, while programs such as Adobe Photoshop and Adobe Illustrator can be used to develop web graphics. For example, the development tools primarily used on the ECCSite project were BBedit and Adobe Photoshop (Macintosh) while the host web server was located on a separate mainframe computer running a separate operating system (OpenVMS).

##### Client Server Model and CGI Applications

The client-server model of request-driven procedures is the basis of the ECCSite survey system. This model, illustrated in Figure 2, provides the end-user with access to both static HTML pages and the functionality of data submission and information retrieval. The critical component of this model is the common gateway interface (CGI), which permits the HTTP server the functionality to provide interactive web applications. By definition, the CGI facilitates executing external programs from the HTTP server. A CGI application processes client input (requests) and returns information in a form usable to the client (HTML response). Essentially, the CGI is a link between the server and some other program running under the system, for example our dietary analysis

program. The most common programming languages used to develop web applications and communicate through the CGI are PERL (Practical Extraction and Reporting Language), VisualBasic, C, C++, and Java. The ECCSite system primarily used PERL in combination with C (with Embedded SQL) to access our database and FORTRAN to perform the dietary analyses.



**Figure 2. World Wide Web HTTP Client-Server Model for ECCSite Survey System**

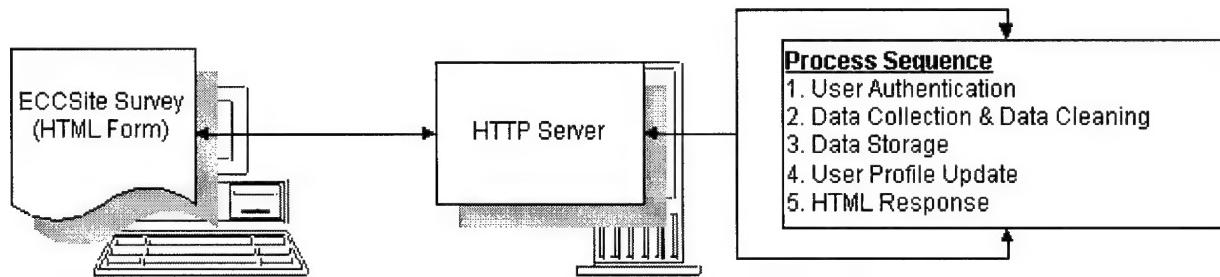
#### Data Security and User Authentication

A critical aspect of any online epidemiologic study is the assurance of participant confidentiality and security of data transfer. Participant authentication is performed by uniquely identifying the participant with a username and email address. Although each participant is tracked with a unique identification number, to enter the system or submit questionnaires each participant must supply a username and email address. The participant supplies this email address and unique username at time of registration. To ensure a secure transfer of data, the ECCSite system uses secure socket layering (SSL) protocols. SSL is a protocol designed by Netscape for providing layered data security between applications protocols such as HTTP, Telnet, NNTP, or FTP and TCP/IP. SSL provides data encryption, server authentication, message integrity, and client authentication transparent to the end user and Web applications. The web server software employed by the ECCSite system, Purveyor Encrypt Web Server, incorporates this SSL technology.

#### Forms Processing

The primary objective of the ECCSite study was to establish a methodology for the purposes of collecting information about diet, health and lifestyle. This methodology required the design of online HTML form questionnaires that registered participants would answer and submit to our website. Upon questionnaire submission, a procedure called forms processing (Figure 2) is implemented. Forms processing is a methodology used by web applications to collect and process data submitted to the server. Upon the request of the client through a submitted questionnaire, a five-step process is committed. The first step in this process is called user authentication. Once the user has been authenticated, the contents of the submitted form are parsed and the data is organized for storage. Once properly parsed and organized, the data is stored in a "datafile" residing in a relational database management system (Rdb). Once the form data has been properly stored, the user's profile is updated. The user profile or user datafile accurately tracks the progress of the

participant throughout the study and notifies the system when all survey questions have been answered and a dietary nutrient intake profile must be generated. Once the user's profile has been updated and appropriate actions taken, an HTML response is returned to the client to signify a successful form submission.



**Figure 3. Survey Forms Processing**

#### Additional Web Applications

In addition to the forms processing application described previously, there are several other programs used by the ECCSite survey system. One of the most impressive aspects of the ECCSite system is its ability to tailor the questionnaire to the participant. This capability, provided through PERL programs, allows the investigators to provide gender-specific questionnaires tailored to the participant. In addition to its tailoring functionality, an automatic email response mechanism has been programmed into the system. For example, when a new user registers for the study, the system will automatically email a "Thank you for registering" letter to the participant. A monthly reminder system has also been made available for timely email notifications to participants who have not completely finished the study. The dietary analysis program is another critical application utilized by the system. This program, written in FORTRAN, collects dietary data submitted by the participant and calculates an individualized nutrient intake profile. Once this information has been calculated, it is saved in our database and a subset of the information is passed along, with accompanying educational material, to the end user. Future web applications include online end-user demographic update functionality and educational modules.

#### End-user Requirements

There are several requirements for participation in the ECCSite Study. Assuming the participant has access to the Internet, each participant must possess an email address. The system authenticates and tracks participants partially based upon their email address. Secondly the participant must have the capabilities of viewing WWW pages. Web browsers such as Netscape Navigator or Internet Explorer are the recommended standards by the ECCSite Webmaster. The technology employed by the ECCSite website is graphic intensive and extremely interactive utilizing the latest technologies such as JavaScript. These technologies have been implemented for the purposes of preventing some data entry errors and to provide the end-user with an easy to use interface. In general, the hardware configuration required by users to access this site is simple, and most new commercial personal computers are "Internet ready," meaning they possess the facilities to provide WWW access and operate electronic mail. Older personal computers, which can operate a standard JavaScript-enabled web browser and access the Internet can view our website and participate in our study.

### Future System Requirements

Although the current ECCSite system provides adequate capabilities to support an interactive website, there is room for improvement. The current system was located on a large mainframe server operated by the Division of Epidemiology and was subject to response delays due to mainframe utilization. Since this mainframe runs the OpenVMS operating system there is a considerable limit to the amount of commercial applications available for further Web development. In addition, the Web server software, Purveyor Web Encrypt Server, is a formidable product and has its own limitations. Although the primary programming language used by the system (PERL) has performed outstandingly, other available system programming languages (C with Embedded SQL and FORTRAN) have made system design tedious. Furthermore, a lack of open database connectivity (ODBC) to the relational database management system has proven to be an added difficulty. Therefore a new platform (e.g., Windows NT, UNIX) must be considered for future expansion of the ECCSite system.

If the study is expanded, it would be our plan to migrate our website to new system that would be operated from a dedicated web server. This server would be independent of the operating load for the Division of Epidemiology and would therefore provide faster response time. In addition, the new system would not be employed from an OpenVMS platform, but rather from a more common operating system such as Windows NT. This new platform would allow access to more commercial software applications, such as Microsoft Active Server Pages or MiddleWare products like Cold Fusion that would facilitate the forms processing methodologies and web applications described previously.

## CONCLUSIONS

This feasibility study has been a success in that it has demonstrated that it is possible to establish a website for the collection of dietary and other data in an epidemiologic study context. These data can be collected with minimal intervention on the part of study personnel once the website has been created, including appropriate programming to design the surveys, and to enable capture of the data by the webserver.

The website itself consists of a participant consent information page, with links to various other related information, including the registration page. Once the participant has registered, he or she is able to complete a series of questionnaire modules. Once these are completed, the participant's data is loaded into our study database, while the participant receives an individualized nutrient intake profile as an incentive for participation. A dietary validation study indicated that the information that was provided through the online survey was substantially similar to information provided through a mailed questionnaire.

Primary study limitations include ability to increase numbers of participants in the study to take advantage of the reach of the Internet, and improvement of follow-up. The former requires both active advertisement in conventional media channels, as well as improvement of the technical capabilities of the web server to allow multiple and rapid connections to the website. The latter requires more regular contact with participants after completion of questionnaires to ensure updating of email addresses, as well as increased value of the website to the end user. Future implementations of such studies will require careful thought regarding these aspects.

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**APPENDIX 1**

**CONSENT FORM AND  
BASELINE QUESTIONNAIRE**

# ECCSite!

*Website of the Epidemiologic  
Cyberspace Cohort Study*

*University of Minnesota*

*School of Public Health  
Division of Epidemiology*

**[Search Our Website](#)**

**[Study Background](#)**

**[Diet Information](#)**

**[FAQ - Comments](#)**

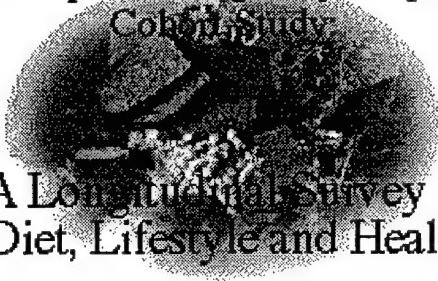
**[Our Team](#)**

**[Other Internet Links](#)**

**[Help Us Recruit](#)**

**[Project Update](#)**

## The Epidemiologic Cyberspace



A Longitudinal Survey of  
Diet, Lifestyle and Health

## Welcome!

|| Returning participants please [sign-in](#) ||

|| New visitors please read the information below ||

### Participant Consent Information

#### Please join our study!

We invite you to participate in our study to look at whether the Internet and the World Wide Web can be used to conduct epidemiologic studies of food, lifestyle and health.

### What Do I Have To Do To Participate?

After you register, we will ask you to **fill out some questionnaires**. They cover topics such as the foods you eat, your medical history, medications you may have used, your habits like exercise or smoking, and a weight history.

Six months after you complete these questionnaires, we will ask you to fill out a follow-up questionnaire. This follow-up will ask you to update some of your information.

If a large number of you (thousands! hundreds of thousands!) participate in this study, then in the long run, we will be able to look at relationships between the information you give us with the development of cancer and heart disease. We need your active participation!

## What Do I Get For Participating?

We will send you an **individualized nutrient intake profile** that is based on your answers. You will also get a set of dietary recommendations based on your age, sex, and individual food intake.

We will also send you periodic updates of how our study is doing.

## Once I Register, Do I Have to Fill Out Everything?

No. **Participation is completely voluntary** (as if we could somehow force you to fill out our questionnaires). If you don't register and don't participate, that is your choice, and we won't ever know about it. You can choose to fill out only a portion of the questionnaire or to not answer specific questions. Of course, there is no penalty for not answering questions.

You can also quit in between sections of the questionnaire and come back later to fill out the rest. When you register as a returning participant, you will be connected automatically to the next set of questions where you left off. That way, you won't have to fill out any sections twice.

**By registering for the study, you will be consenting to participate in this research study.**

## How Much Time Will It Take?

It will take one to two hours to complete all the questions. You are free to skip any questions that you don't want to answer! One exception is that we ask everyone to indicate what sex they are. That way, if you're male, you won't have to answer any questions about pregnancy and if you're female you won't be asked about your prostate!

## What About Privacy and Security?

This is not an anonymous survey. However, these questionnaires use the security enhancements provided by Netscape's SSL (Security Socket Layering). You can be assured that your responses will be encrypted for transmission and won't be read by anyone other than the members of the research team at the University of Minnesota.

Your name, address, and any other identifying information you give us will never be sold, given away, or provided to any other mailing list or person.

We will use identifying information (like your email address) only to maintain contact with you, and to link information that you provide on follow-up questionnaires to the first questionnaire you fill out. Of course, in any published report, we will not include any information that will make it possible to identify any person.

This study has been approved by the Institutional Review Board, Committee on the Use of Human Subjects in Research, University of Minnesota.

## What Are the Downsides of Participating?

Aside from the time it takes to fill out the questionnaires, there are virtually no risks involved with participation in this study. However, if you feel that you have developed any problems as a result of participating, please contact the research staff at:

Thursday, February 12, 1998

[healthsurvey@epivax.epi.umn.edu](mailto:healthsurvey@epivax.epi.umn.edu)

You can also contact us at this email address if you have any other questions about this study.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), please contact:

Hospital Patient Relations  
2-499 Fairview University Medical Center  
500 Harvard Street Southeast  
Minneapolis, Minnesota 55455  
Telephone: 612-626-5050

If you spend a lot of time in front of a computer, you might want to think about ergonomic issues. Check out this [Office Ergonomics](#) page for links to websites on this topic.

---

## Who Funds This Study?

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This study is funded by a research grant from the [Breast Cancer Research Program](#) of the [U.S. Army Medical Research & Materiel Command \(USAMRMC\)](#).

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[|| Sign-up for the study ||](#)

## Menu

### || Returning Participant Sign-In ||

- If you are a returning participant and have previously registered with us, please sign-in and continue with your survey.

### || Background & Research Proposal ||

- Read about the background research and interests surrounding this survey, as well as a copy of the research proposal.

### || Information Server ||

- Visit our information server. An information resource for developing healthy eating habits, recipes, and proper nutrition.

### || Q & A ||

- Answers to your questions about nutrition and other health related subjects, as well as comments about this web site.

### || Research Team ||

- An in depth look at our survey and web site research team.

### || Other Internet Links ||

- A small collection of valuable internet sites related to diet and health.

### || Logos and Banners ||

- Help us recruit participants for our study! We have several logos and banners you can copy for your website or home page.

### || Student Version 1.0 ||

- A smaller version of our study has been made available to University of Minnesota public health students for personal nutrient intake review.

|| Back to the Top || Participant Consent Information || Register ||

|| 9385 visitors since ||

Questions or comments should be addressed to the [ECCSite! Webmaster](#)

Last Update:Monday, October 27, 1997 13:33:54

# Registration Requirements

## *Epidemiologic Cyberspace Cohort Study*

To participate in this survey we only have one requirement....

- Each participant must possess a valid email address. This is because we would like to contact you in the future for study updates and follow-up questionnaires. **We will never give your email address to anyone outside the study.**

### Software/Browser Requirements...

- The Survey Webmaster strongly suggests using Netscape Navigator (v3.0 or Communicator). Although earlier versions of Netscape (2.0) and some versions of Microsoft Internet Explorer will work, we cannot guarantee your visit will be as exciting.
- This web site uses JavaScript technology, and browsers (including some versions of Microsoft Internet Explorer and Netscape 1.0) which do not understand this scripting language will experience problems.

Any questions should be addressed to the *ECCS Survey Team* at [healthsurvey@epihub.epi.umn.edu](mailto:healthsurvey@epihub.epi.umn.edu)

Please Register

Internet Explorer users please use our default [Registration Page](#)  
America Online users may wish to read our [AOL F.A.Q.](#) before registering

[|| Back ||](#) [|| Background & Research Proposal ||](#) [|| Diet Information ||](#)

[|| Q & A ||](#) [|| Research Team ||](#) [|| Other Internet Links ||](#) [|| Front Page ||](#)

Questions or comments should be addressed to the [ECCSite! Webmaster](#)

URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

Last Update: October 1, 1997

## Demographic Information

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

- 
1. Please provide the following contact information. This will allow us to keep in contact as we update information in future months and years.

Name: First/Given:  Middle:   
Last/Family:  Maiden:   
Street Address:   
City:  State/Province:   
Country:  Zip/Postal Code:   
E-mail address:   
Telephone: Area Code  Number

2. What is your date of birth? [ANSWER REQUIRED]

Month:  Day:  Year: 19

3. Are you male or female?  female;  male [ANSWER REQUIRED]

4. What is your race? Do you call yourself...

White  
 African American  
 Eskimo  
 Aleut  
 American Indian (specify tribe: )  
 Asian or Pacific Islander

If so, select which one:

If Other Asian or Pacific Islander, please specify:

Other race (specify: )

5. Are you of Spanish/Hispanic origin?  Yes;  No

If Yes, please specify:

If Other Spanish/Hispanic, specify:

6. In your own words, how do you describe your racial/ethnic identity?

7. In what U.S. state or foreign country were you and the following people born?

You	<input type="text"/>
Your mother	<input type="text"/>
Your father	<input type="text"/>
Your mother's mother	<input type="text"/>
Your mother's father	<input type="text"/>
Your father's mother	<input type="text"/>
Your father's father	<input type="text"/>

If you live in the United States, but were born in another country, continue with the next question. If you were born in the U.S. or do not live in the U.S., [click here](#) to jump to the next set of questions.

8. If you were born outside of the U.S. and you now live in the U.S., in what year did you come to the U.S. to stay?

I came to the U.S. to stay in the year 19 .

9. Do you speak a language other than English at home?

- Yes.
- No
- Don't know

If you speak a language other than English at home, what is this language:

10. How well do you speak English?

- Very well
- Well
- Not well
- Not at all
- Don't know

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

---

[|| Top of Page ||](#) [|| Go to our home page ||](#)

If you have any questions or comments about this survey, please e-mail us at: [healthsurvey@epihub.epi.umn.edu](mailto:healthsurvey@epihub.epi.umn.edu)

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# Lifestyle Factors

---

Please enter your username:  [example:bill]

Please enter your email address:  [example:president@whitehouse.gov]

---

## Weight History

The following questions will help us develop a complete picture of your weight history. Some will ask for two different values for weight or height. Please fill in only the unit of measure you are most familiar with. For example, answer the first question stating your height **only** in feet and inches **or** centimeters.

---

1. What is your current height? (without shoes)

feet;  inches; **OR**  centimeters

2. What is your current weight? (without clothes, to the nearest pound or kilogram)

pounds; **OR**  kilograms

3. Think back to when you were in 6th grade --or about the age of 12. Would you say at that time, compared to others your age, your weight was:

below average for your age and height  
 about average for your age and height  
 above average for your age and height

4. Think back to when you were 18 years old --or about the time you graduated from high school. How much did you weigh when you were 18?

pounds; **OR**  kilograms

5. How much did you weigh when you were 30 years old?

pounds; **OR**  kilograms

I am younger than 30. [Click here](#) if you are younger than 30.

6. How much did you weigh when you were 40 years old?

pounds; **OR**  kilograms

I am younger than 40. [Click here](#) if you are younger than 40.

7. How much did you weigh when you were 50 years old?

pounds; **OR**  kilograms

I am younger than 50.

8. How much did you weigh one year ago? (to the nearest pound or kilogram)

pounds; OR  kilograms

9. What is the most you have ever weighed?

pounds; OR  kilograms

10. At what age did you weigh the most? (if female, not including pregnancy weight)

years old

11. Are you currently dieting to lose weight?

yes;  no

12. How often do you diet to lose weight?

- every day
- every week
- every month
- every few months
- about once a year or less
- I never diet to lose weight.

13. Between the ages of 18-39, about how many times did you **intentionally** lose each of the following weights (please do not include weight loss after pregnancy or due to illness)? If you have never intentionally lost weight, please select zero for each category. If you have lost more than nine pounds, only count the amount of weight lost once per episode. For example, if you lost eleven pounds, select "one" after 10-19 pounds then fill in zero for 5-9 pounds as well as 20-49 and >50 pounds.

<input type="checkbox"/> 5-9 pounds (2.3-4.1 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> 10-19 pounds (4.6-8.6 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> 20-49 pounds (9.1-22.3 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> >50 pounds (>22.7 kg) :	<input type="text" value="0"/>	times

14. Between the ages of 18-39, about how many times did you lose the following weights **unintentionally**? For example, weight loss due to illness.

<input type="checkbox"/> 5-9 pounds (2.3-4.1 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> 10-19 pounds (4.6-8.6 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> 20-49 pounds (9.1-22.3 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> >50 pounds (>22.7 kg) :	<input type="text" value="0"/>	times

[Click here](#) if you are younger than 40.

15. Between the ages of 40-54, about how many times did you **intentionally** lose each of the following weights (please do not include weight loss after pregnancy or due to illness)?

<input type="checkbox"/> 5-9 pounds (2.3-4.1 kg) :	<input type="text" value="0"/>	times
<input type="checkbox"/> 10-19 pounds (4.6-8.6 kg) :	<input type="text" value="0"/>	times

Monday, February 16, 1998

20-49 pounds (9.1-22.3 kg) :  times

>50 pounds (>22.7 kg) :  times

16. Between the ages of 40-54, about how many times did you lose the following weights **unintentionally**? For example, weight loss due to illness.

5-9 pounds (2.3-4.1 kg) :  times

10-19 pounds (4.6-8.6 kg) :  times

20-49 pounds (9.1-22.3 kg) :  times

>50 pounds (>22.7 kg) :  times

[Click here](#) if you are younger than 55.

17. Between the age of 55 and now, about how many times did you **intentionally lose** each of the following weights (please do not include weight loss due to illness)?

5-9 pounds (2.3-4.1 kg) :  times

10-19 pounds (4.6-8.6 kg) :  times

20-49 pounds (9.1-22.3 kg) :  times

>50 pounds (>22.7 kg) :  times

18. Between the age of 55 and now, about how many times did you lose the following weights **unintentionally**? For example, weight loss due to illness.

5-9 pounds (2.3-4.1 kg) :  times

10-19 pounds (4.6-8.6 kg) :  times

20-49 pounds (9.1-22.3 kg) :  times

>50 pounds (>22.7 kg) :  times

19. Do you follow a special diet?

yes  no

20. If yes, what type of diet do you follow? Select all that apply.

- weight loss
- weight gain
- diabetic
- low cholesterol/low fat
- low salt
- vegan
- vegetarian
- macrobiotic
- renal
- other

If you chose "other," please tell us what type of diet you follow:

---

## Smoking and Tobacco Use

The next set of questions asks about your smoking habits. If you have **never** smoked cigarettes, pipes, cigars or used snuff, [click here to jump to the next set of questions.](#)

---

1. Have you smoked more than 100 cigarettes in your life?  yes;  no

[Click here](#) if you have never smoked cigarettes but have smoked pipes, cigars or used tobacco

- a) About how old were you when you started to smoke cigarettes?
- b) Do you smoke cigarettes now?  yes;  no
- c) How old were you when you stopped smoking cigarettes?
- d) During the time you smoked, about how many cigarettes did you smoke per day?

2. Have you ever smoked cigars?  yes;  no

[Click here](#) if you have never smoked cigars but have smoked pipes or used tobacco

- a) About how old were you when you started to smoke cigars?
- b) Do you smoke cigars now?  yes;  no
- c) How old were you when you stopped smoking cigars?
- d) During the time you smoked, about how many cigars did you &nbsp;smoke per day?

3. Have you ever smoked a pipe ?  yes;  no

[Click here](#) if you have never smoked a pipe but have used tobacco

- a) About how old were you when you started to smoke a pipe?
- b) Do you smoke a pipe now?  yes;  no
- c) How old were you when you stopped smoking a pipe?
- d) During the time you smoked, about how many pipes did you smoke per day?

4. Have you ever chewed tobacco?  yes;  no

[Click here](#) if you have never chewed tobacco but have used snuff.

- a) About how old were you when you started to chew tobacco?
- b) Do you chew tobacco now?      yes;      no

c) How old were you when you stopped chewing tobacco?

d) During the time you chewed tobacco, about how many pouches did  
&nbsp;you chew per day?

5. Have you ever used snuff?  yes;  no

[Click here](#) if you have never used snuff.

a) About how old were you when you started to use snuff?

b) Do you use snuff now?  yes;  no

c) How old were you when you stopped using snuff?

d) During the time you used snuff, about how many cans did you  
&nbsp;chew per day?

---

6. Did anyone you lived with **during your childhood** smoke cigarettes, cigars or pipes? Please select all that apply.

- father
- mother
- legal guardian
- other relative or friend living in your house for at least one year
- no one smoked in the house where I grew up

7. Did any of the following people you lived with **during your adult years** (age 18 or older) smoke cigarettes, cigars or pipes? Please select all that apply.

- father
  - mother
  - legal guardian
  - spouse
  - other relative or friend living in your house for at least one year
  - no one smoked in the house where I lived as an adult
- 

## Physical Activity and Exercise

---

1. Do you participate in any activity (on a daily basis) that helps keep you physically fit?

yes;  no

2. In the past year, how often did you take part in **mild** physical activity (such as golf, easy walking, fishing)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  &nbsp;months

3. In the past year, how often did you take part in **moderate** physical activity (such as tennis, volleyball, alpine skiing, fast walking)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

4. In the past year, how often did you take part in **vigorous** physical activity (such as jogging, vigorous swimming, soccer, strenuous sports)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

5. Thinking about a seven day period (a week), how often did you participate in any regular activity long enough to work up a sweat in the past year?

- often
- sometimes
- never/rarely

6. How often did you participate in moderate physical activity (such as tennis, volleyball, alpine skiing, fast walking) when you were the following ages? Please fill in the average number of hours you participated in the activity **per week** during the months you did those activities, then the average number of **months** per year.

a) During high school:  hours per week for  months per year

b) Between ages 18 and 24:  hours per week for  months per year

c) Between ages 25 and 34:  hours per week for  months per year

d) Between ages 35 and 44:  hours per week for  months per year

e) Between ages 45 and 54:  hours per week for  months per year

7. How often did you participate in strenuous physical activity (such as jogging, vigorous swimming, soccer, strenuous sports) when you were the following ages? Please fill in the average number of hours you participated in the activity **per week** during the months you did those activities, then the average number of **months** per year.

a) During high school:  hours per week for  months per year

b) Between ages 18 and 24:  hours per week for  months per year

c) Between ages 25 and 34:  hours per week for  months per year

d) Between ages 35 and 44:  hours per week for  months per year

e) Between ages 45 and 54:  hours per week for  months per year

8. Are you currently employed?

- yes, full time
- yes, part time
- I am not employed

If you are not currently employed, [click here](#) then submit this section.

9. How much time do you spend sitting when you are working?

- almost all the time
- more than half the time

- about half the time
- less than half the time
- almost never

10. How much time do you spend walking when you are at work?

- almost all the time
- more than half the time
- about half the time
- less than half the time
- almost never

11. How far do you walk going to and from your job?

blocks OR  miles OR  kilometers

12. What type of transportation do you usually use to get to your job?

- public transportation
- car
- bicycle
- walk

13. How often do you have to lift heavy weight or carry heavy things on the job?

- frequently
- sometimes
- very infrequently or never

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

---

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If you have any questions or comments about this survey, please e-mail us at: [healthsurvey@epihub.epi.umn.edu](mailto:healthsurvey@epihub.epi.umn.edu)

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Please note: If certain features don't seem to be working, you should download the new JavaScript-enabled Netscape Navigator 3.0.

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Questions or comments should be addressed to the [ECCSite! Webmaster](#)

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URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

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Last Update:May 6, 1997

# Fruits & Juices

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake. For example, if you eat peaches three times a week, your response should look like:

Peaches - (1 fresh, 1/2 cup or 128 g canned):

times  per day;  per week;  per month;  per year

I don't eat peaches.

---

If you eat some foods only during certain times of the year, please try to average your intake over the entire year. For example, if you eat strawberries 4 times a week during the approximate 3 months they are in season, then your average use would be once per week.

---

1. Raisins or grapes (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat raisins or grapes.

2. Prunes (1/2 cup or 117 g):

times  per day;  per week;  per month;  per year

I don't eat prunes.

3. Bananas (1 medium):

times  per day;  per week;  per month;  per year

I don't eat bananas.

4. Cantaloupe (1/4 medium):

times  per day;  per week;  per month;  per year

I don't eat cantaloupe.

5. Watermelon (1 slice):

times  per day;  per week;  per month;  per year

I don't eat watermelon.

6. Apples, applesauce, pears (1, 1/2 cup or 112 g):

times  per day;  per week;  per month;  per year

I don't eat apples.

7. Apple juice or cider (small glass):

times  per day;  per week;  per month;  per year

I don't drink apple juice or cider.

8. Tangerines or mandarin oranges (1 each, 1 cup or 195 g):

times  per day;  per week;  per month;  per year;

I don't eat tangerines or mandarin oranges.

9. Oranges (1 medium):

times  per day;  per week;  per month;  per year

I don't eat oranges.

10. Orange juice (small glass):

times  per day;  per week;  per month;  per year

I don't drink orange juice.

11. Grapefruit or Pomelo (1/2 of a whole, 1/2 cup or 115 g):

times  per day;  per week;  per month;  per year

I don't eat grapefruit or pomelo.

12. Grapefruit juice (small glass):

times  per day;  per week;  per month;  per year

I don't drink grapefruit juice.

13. Pineapple (1 cup, 254 g or 4 slices):

times  per day;  per week;  per month;  per year

I don't eat pineapple.

14. Papaya (1 whole):

times  per day;  per week;  per month;  per year

I don't eat papaya.

15. Mangoes (1 medium, 1 cup or 165 g):

times  per day;  per week;  per month;  per year

I don't eat mangoes.

16. Other fruit juices (small glass):

times  per day;  per week;  per month;  per year

I don't drink other fruit juices.

17. Strawberries - fresh, frozen or canned (1/2 cup or 75 g):

times  per day;  per week;  per month;  per year

I don't eat strawberries.

18. Blueberries - fresh, frozen or canned (1/2 cup or 75 g):

times  per day  per week  per month  per year

I don't eat other blueberries.

19. Peaches, apricots, nectarines (1 fresh, 1/2 cup or 128 g canned):

times  per day;  per week;  per month;  per year

I don't eat fresh peaches, apricots or nectarines.

20. Overall, how often do you eat fruit that is purchased fresh?

times  per day;  per week;  per month;  per year

I don't eat fresh fruit.

21. Overall, how often do you eat fruit that is purchased frozen?

times  per day;  per week;  per month;  per year

I don't eat frozen fruit.

22. Overall, how often do you eat fruit that is purchased canned?

times  per day;  per week;  per month;  per year

I don't eat canned fruit.

23. Overall, how often do you eat fruit that is grown organically (without the use of pesticides, herbicides or other chemicals)?

times  per day;  per week;  per month;  per year

I don't eat organically grown fruit.

---

24. If there are any other fruits not included in our list that you eat **regularly** (at least once per week) please provide us with the following information about them:

Type of fruit:

Amount you usually eat:

How often you eat it:  times  per day;  per week

Type of fruit:

Amount you usually eat:

How often you eat it:      times    per day;    per week

- Type of fruit:
- Amount you usually eat:
- How often you eat it:  times  per day;  per week

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Last Update:May 6, 1997

# Vegetables

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake.

---

1. Tomatoes (1) :

times  per day;  per week;  per month;  per year

I don't eat tomatoes.

2. Tomato juice (small glass):

times  per day;  per week;  per month;  per year

I don't drink tomato juice.

3. Tomato sauce, spaghetti sauce (1/2 cup or 128 g):

times  per day;  per week;  per month;  per year

I don't eat tomato or spaghetti sauce.

4. Red chili sauce, taco sauce, salsa picante (1 tablespoon or 15 g):

times  per day;  per week;  per month;  per year

I don't use red chili sauce,taco sauce or salsa picante.

5. String beans, green beans (1/2 cup or 68 g):

times  per day;  per week;  per month;  per year;

I don't eat string beans or green beans.

6. Peas (1/2 cup or 80 g):

times  per day;  per week;  per month;  per year;

I don't eat peas.

7. Corn (1/2 cup or 80 g):

times  per day;  per week;  per month;  per year

I don't eat corn.

8. Beans or lentils - baked or dried (1/2 cup or 130 g):

times  per day;  per week;  per month;  per year

I don't eat beans or lentils.

9. Yellow or winter squash (1/2 cup or 103 g):

times  per day;  per week;  per month;  per year

I don't eat yellow or winter squash.

10. Eggplant, zucchini or other summer squash (1/2 cup or 90 g):

times  per day;  per week;  per month;  per year

I don't eat eggplant, zucchini or other summer squash.

11. Sweet potatoes, yams (1/2 cup or 70 g):

times  per day;  per week;  per month;  per year

I don't eat sweet potatoes .

12. Broccoli (1/2 cup or 78 g):

times  per day;  per week;  per month;  per year

I don't eat broccoli.

13. Cauliflower or brussel sprouts (1/2 cup or 62 g):

times  per day;  per week;  per month;  per year

I don't eat cauliflower or brussel sprouts.

14. Carrots (1/2 cup or 78 g):

times  per day;  per week;  per month;  per year

I don't eat carrots.

15. Cole slaw, cabbage, sauerkraut (1/2 cup or 75 g):

times  per day;  per week;  per month;  per year

I don't eat cole slaw, cabbage or sauerkraut.

16. Raw spinach (1 cup or 112 g):

times  per day;  per week;  per month;  per year

I don't eat raw spinach.

17. Cooked spinach (1/2 cup or 90 g):

times  per day;  per week;  per month;  per year

I don't eat cooked spinach.

18. Mustard greens, turnip greens, collards (1/2 cup or 88 g):

times  per day;  per week;  per month;  per year

I don't eat mustard greens, turnip greens or collards.

19. Iceberg or head lettuce (1 cup or 56 g):

times  per day;  per week;  per month;  per year

I don't eat iceberg or head lettuce.

20. Romaine or leaf lettuce (1 cup or 56 g):

times  per day;  per week;  per month;  per year

I don't eat romaine or leaf lettuce.

21. Celery (4" stick or 10 cm stick):

times  per day;  per week;  per month;  per year

I don't eat celery.

22. Mushrooms - fresh, cooked or canned (one):

times  per day;  per week;  per month;  per year

I don't eat mushrooms.

23. Beets (1/2 cup or 85 g):

times  per day;  per week;  per month;  per year

I don't eat beets.

24. Alfalfa sprouts (1/2 cup or 17 g):

times  per day;  per week;  per month;  per year

I don't eat alfalfa sprouts.

25. Garlic - fresh or powdered (1 clove or shake):

times  per day;  per week;  per month;  per year

I don't use garlic.

26. Onions (1 tablespoon):

times  per day;  per week;  per month;  per year

I don't eat onions.

27. Green or chili peppers (1/4 cup or 40 g):

times  per day;  per week;  per month;  per year

I don't eat green or chili peppers.

28. Overall, how often do you eat vegetables that are purchased fresh?

times  per day;  per week;  per month;  per year

I don't eat fresh vegetables.

29. Overall, how often do you eat vegetables that are purchased frozen?

times  per day;  per week;  per month;  per year

I don't eat frozen vegetables.

30. Overall, how often do you eat vegetables that are purchased canned?

times  per day;  per week;  per month;  per year

I don't eat canned vegetables.

31. Overall, how often do you eat vegetables that are grown organically (without the use of pesticides, herbicides or other chemicals)?

times  per day;  per week;  per month;  per year

I don't eat organically grown vegetables.

---

32. If there are any other vegetables not included in our list that you eat regularly (at least once a week) please provide us with the following information about them:

Type of vegetable:

Amount you usually eat:

How often you eat it:  times  per day;  per week

Type of vegetable:

Amount you usually eat:

How often you eat it:  times  per day;  per week

Type of vegetable:

Amount you usually eat:

How often you eat it:  times  per day;  per week

---

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# Beverages

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

For each food listed below, please enter how often **on average** you consume each item. You will need to enter the number of times you drink the beverage followed by whether you drink it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your intake.

---

1. Low calorie cola with caffeine - for example, Diet Coke or Tab (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink low calorie cola with caffeine.

2. Low calorie caffeine-free cola - for example, Pepsi Free (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink low calorie caffeine-free cola.

3. Other low calorie carbonated beverage - for example, Diet 7-Up, diet ginger ale (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink other low calorie carbonated beverages.

4. Coke, Pepsi, or other cola with sugar (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink Coke, Pepsi or other cola with sugar.

5. Caffeine-free Coke, Pepsi or other cola with sugar (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink caffeine-free Coke, Pepsi or other cola with sugar.

6. Other carbonated beverage with sugar - for example, ginger ale or 7-up (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink other carbonated beverages with sugar.

7. Decaffeinated coffee (1 cup or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink decaffeinated coffee.

8. Coffee, not decaffeinated (1 cup or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink regular coffee.

9. Tea - not herbal (1 cup or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink tea.

10. Sugar in coffee or tea (1 teaspoon or 5 g):

times  per day;  per week;  per month;  per year

I don't use sugar in coffee or tea.

11. Artificial sweetener in coffee or tea - for example, Equal or Sweet and Low (1 packet):

times  per day;  per week;  per month;  per year

I don't use artificial sweetners in coffee or tea.

12. Glasses of water, not counting in coffee or tea (8 oz. or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink water.

13. Bottled water - for example, Evain or Poland Springs (8 oz. or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink bottled water.

14. Beer (12 oz. can or 360 ml):

times  per day;  per week;  per month;  per year

I don't drink beer.

15. Red wine (4 oz. or 120 ml):

times  per day;  per week;  per month;  per year

I don't drink wine.

16. White wine (4 oz. or 120 ml):

times  per day;  per week;  per month;  per year

I don't drink wine.

17. Liquor (1 shot):

times  per day;  per week;  per month;  per year

I don't drink liquor.

---

18. If there are any other beverages not included in our list that you drink regularly (at least once per week) please provide us with the following information about them:

Type of beverage:   
 Amount you usually drink:    
 How often you drink it:  times  per day;  per week

Type of beverage:   
 Amount you usually drink:    
 How often you drink it:  times  per day;  per week

Type of beverage:   
 Amount you usually drink:    
 How often you drink it:  times  per day;  per week

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Last Update:May 6, 1997

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# Dairy Foods

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake.

---

1. Whole milk and beverages with whole milk - exclude use on cereal (8 oz or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink whole milk.

2. 2% milk and beverages with 2% milk - exclude use on cereal (8 oz or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink 2% milk.

3. Skim milk, 1% milk and buttermilk - exclude use on cereal (8 oz or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink skim milk, 1% milk or buttermilk.

4. Non-dairy creamer - for example, in coffee or tea (1 teaspoon or 2 g):

times  per day;  per week;  per month;  per year

I don't use non-dairy creamer.

5. Cream or half-and-half - for example, in coffee or tea (1 tablespoon or 15 g):

times  per day;  per week;  per month;  per year

I don't use cream.

6. Ice cream (1/2 cup or 66 g):

times  per day;  per week;  per month;  per year

I don't eat ice cream

7. Frozen yogurt, ice milk or sherbet (1/2 cup or 96 g):

times  per day;  per week;  per month;  per year

I don't eat frozen yogurt, ice milk or sherbet.

8. Whole milk yogurt - not frozen (8 oz. or 227 g):

times  per day;  per week;  per month;  per year

I don't eat regular yogurt.

9. Low fat yogurt - not frozen (8 oz. or 227 g):

times  per day;  per week;  per month;  per year

I don't eat low fat yogurt.

10. Cottage cheese - regular fat or 4% fat (1/2 cup or 105 g):

times  per day;  per week;  per month;  per year

I don't eat regular cottage cheese.

11. Low fat cottage cheese (1 cup or 210 g):

times  per day;  per week;  per month;  per year

I don't eat low fat cottage cheese

12. Cream cheese (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat cream cheese.

13. Other cheeses and cheese spreads - for example, American or cheddar (1 slice, 1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat cheese or cheese spreads.

14. Low fat cheeses and cheese spreads - for example, Mozarella or "light" (1 slice, 1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat low fat cheese or cheese spreads.

15. Butter on food - exclude use in cooking (1 pat):

times  per day;  per week;  per month;  per year

I don't put butter on my food.

16. Margarine on food - exclude use in cooking (1 pat):

times  per day;  per week;  per month;  per year

I don't put margarine on my food.

---

17. If there are any other dairy products not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

Type of dairy food: \_\_\_\_\_

Amount you usually eat:

- How often you eat it:  times  per day;  per week
- Type of dairy food:
- Amount you usually eat:  medium glass (8 oz)
- How often you eat it:  times  per day;  per week
- Type of dairy food:
- Amount you usually eat:  medium glass (8 oz)
- How often you eat it:  times  per day;  per week

---

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Last Update:May 6, 1997

# Breads, Cereals & Starches

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov.]

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake.

---

1. Cold breakfast cereal (1 cup or 234 g):

times  per day;  per week;  per month;  per year

I don't eat cold cereal.

2. Cooked oatmeal (1 cup or 234 g):

times  per day;  per week;  per month;  per year

I don't eat cooked oatmeal

3. Other cooked breakfast cereals (1 cup or 224 g):

times  per day;  per week;  per month;  per year

I don't eat cooked breakfast cereal

4. Pancakes or waffles (1 serving):

times  per day;  per week;  per month;  per year

I don't eat pancakes or waffles.

5. English muffin, bagels or rolls (1):

times  per day;  per week;  per month;  per year

I don't eat english muffins or bagels.

6. Biscuits or muffins (1):

times  per day;  per week;  per month;  per year

I don't eat biscuits or muffins.

7. White bread - including pita (1 slice):

times  per day;  per week;  per month;  per year

I don't eat white bread.

8. Dark bread, including whole wheat, rye, pumpernickel (1 slice):

times  per day;  per week;  per month;  per year

I don't eat dark bread.

9. Corn bread or corn tortillas (1 medium piece):

times  per day;  per week;  per month;  per year

I don't eat corn bread or tortillas.

10. White rice (1 cup or 158 g):

times  per day;  per week;  per month;  per year

I don't eat white rice.

11. Brown or wild rice (1 cup or 195 g):

times  per day;  per week;  per month;  per year

I don't eat brown or wild rice.

12. Fried rice (1 cup):

times  per day;  per week;  per month;  per year

I don't eat fried rice.

13. Mexican or Spanish rice (1 cup):

times  per day;  per week;  per month;  per year

I don't eat Mexican or Spanish rice.

14. Other grains - for example, couscous, kasha or bulgar (1 cup or 186 g):

times  per day;  per week;  per month;  per year

I don't eat other grains.

15. Pasta - for example, spaghetti or noodles (1 cup or 140 g):

times  per day;  per week;  per month;  per year

I don't eat pasta.

16. French fries and fried potatoes (1/2 cup or 112 g):

times  per day;  per week;  per month;  per year

I don't eat french fries or fried potatoes.

17. Baked potatoes (1) or mashed potatoes (1 cup 210 g):

times  per day;  per week;  per month;  per year

I don't eat potatoes.

18. Taro (1/2 taro):

times  per day;  per week;  per month;  per year

I don't eat taro.

19. Poi (1/2 cup or 112 g):

times  per day;  per week;  per month;  per year

I don't eat poi.

20. Crackers - for example, Wheat Thins or Triskets (1):

times  per day;  per week;  per month;  per year

I don't eat crackers.

21. Overall, how often do you eat cereal grains and grain products that are whole or unrefined (such as brown rice or whole wheat pasta)?

times  per day;  per week;  per month;  per year

I don't eat whole or unrefined grains.

22. Overall, how often do you eat cereal grains and grain products that are refined (such as white rice or bread made from refined or enriched flour)?

times  per day;  per week;  per month;  per year

I don't eat refined grains.

23. Overall, how often do you eat cereal grains and grain products that are grown organically (grown without the use of pesticides, herbicides or other chemicals)?

times  per day;  per week;  per month;  per year

I don't eat organically grown grains.

---

24. If there are any other breads, cereals or starches not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

Type of bread, cereal or starch:

Amount you usually eat:

How often you eat it:  times  per day;  per week

Type of bread, cereal or starch:

Amount you usually eat:

How often you eat it:  times  per day;  per week

Type of bread, cereal or starch:

Amount you usually eat:

How often you eat it:  times  per day;  per week

---

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Last Update:May 6, 1997

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# Meats, Poultry, Fish & Eggs

---

Please enter your username:  [example:bill]

Please enter your email address:  [example:president@whitehouse.gov]

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake.

The following section asks about red meats (meat from beef, pork, lamb or other land mammals) that you may eat. [Click here](#) if you don't eat red meat.

---

1. Regular hamburger or ground beef - including cheeseburgers or meatloaf (1 patty):

times  per day;  per week;  per month;  per year

I don't eat hamburger or ground beef.

2. Lean or extra-lean hamburger (1 patty):

times  per day;  per week;  per month;  per year

I don't eat lean or extra-lean hamburger.

3. Beef or veal as a main dish - for example, as a steak or roast (4-6 oz. or 112-168 g):

times  per day;  per week;  per month;  per year

I don't eat beef or veal as a main dish.

4. Pork as a main dish - for example, as a steak, roast or chop (4-6 oz. or 112-168 g):

times  per day;  per week;  per month;  per year

I don't eat pork as a main dish.

5. Lamb as a main dish - for example, as a roast or chop (4-6 oz. or 112-168 g):

times  per day;  per week;  per month;  per year

I don't eat lamb as a main dish.

6. Beef, pork or lamb as a mixed dish (3 oz. or 85 g):

times  per day;  per week;  per month;  per year

I don't eat beef, pork or lamb as a mixed dish.

7. Ham (4 oz or 112 g):

times      per day;      per week;      per month;      per year

I don't eat ham.

8. Salami, bologna or other lunch meats from beef or pork (1 slice):

times  per day;  per week;  per month;  per year

I don't eat salami, bologna or other lunch meats from beef or pork.

9. Hot dogs or frankfurters (1):

times  per day;  per week;  per month;  per year

I don't eat hot dogs.

10. Bratwurst, knockwurst, Italian or Polish sausage or other lunch type sausage (1 link, 3 oz or 84 g):

times  per day;  per week;  per month;  per year

I don't eat bratwurst, knockwurst, Italian or Polish sausage or other lunch type sausage.

11. Breakfast sausage (1):

times  per day;  per week;  per month;  per year

I don't eat breakfast sausage.

12. Bacon (2 slices):

times  per day;  per week;  per month;  per year

I don't eat bacon.

13. Liver from beef (4 oz. or 112 g):

times  per day;  per week;  per month;  per year

I don't eat liver from beef.

14. Other organ meats from mammals - for example, kidney or heart (4 oz. or 112 g):

times  per day;  per week;  per month;  per year

I don't eat other organ meats from mammals.

15. Overall, how often do you eat red meat that is purchased fresh (for example, from a butcher)?

times  per day;  per week;  per month;  per year

I don't eat fresh red meat.

16. Overall, how often do you eat red meat that is purchased frozen?

times  per day;  per week;  per month;  per year

I don't eat frozen red meat.

17. Overall, how often do you eat red meat that is purchased canned?

times      per day;      per week;      per month;      per year

I don't eat canned red meat.

18. Overall, how often do you eat red meat that is raised organically (fed only organically grown feed)?

times  per day;  per week;  per month;  per year

I don't eat organically raised red meat.

19. When you eat red meat, how is it usually prepared?

- rare
- medium-rare
- medium
- well-done

20. If there are any other types of red meat not included in our list that you eat regularly (at least once a week) please provide us with the following information about them:

Type of red meat:   
 Amount you usually eat:   
 How often you eat it:  times  per day;  per week

Type of red meat:   
 Amount you usually eat:   
 How often you eat it:  times  per day;  per week

---

The following section asks about eggs and poultry (for example, chicken or turkey). [Click here](#) if you don't eat eggs or poultry.

---

1. Fried chicken (2 small or 1 large piece):

times  per day;  per week;  per month;  per year

I don't eat fried chicken.

2. Chicken or turkey, with skin (4-6 oz. or 112-168 g):

times  per day;  per week;  per month;  per year

I don't eat chicken or turkey with skin.

3. Chicken or turkey, without skin (4-6 oz. or 112-168 g):

times  per day;  per week;  per month;  per year

I don't eat chicken or turkey without skin.

4. Turkey or chicken hot dogs or frankfurters (1):

times  per day;  per week;  per month;  per year

I don't eat turkey or chicken hot dogs.

5. Turkey or chicken sausage, salami or other lunch meats (1 link or slice):

times      per day;      per week;      per month;      per year

I don't eat turkey or chicken sausage, salami or other lunch meats.

6. Chicken or other poultry livers - including pate (3 oz. or 84 g):

times  per day;  per week;  per month;  per year

I don't eat chicken or other poultry livers.

7. Eggs (1):

times  per day;  per week;  per month;  per year

I don't eat eggs.

8. Overall, how often do you eat poultry that is purchased fresh ?

times  per day;  per week;  per month;  per year

I don't eat fresh poultry.

9. Overall, how often do you eat poultry that is purchased frozen?

times  per day;  per week;  per month;  per year

I don't eat frozen poultry.

10. Overall, how often do you eat poultry that is purchased canned?

times  per day;  per week;  per month;  per year

I don't eat canned poultry.

11. Overall, how often do you eat poultry that is raised organically (fed only organically grown feed)?

times  per day;  per week;  per month;  per year

I don't eat organically raised poultry.

12. If there are any other types of poultry not included in our list that you eat regularly (at least once a week) please provide us with the following information about them:

Type of poultry:

Amount you usually eat:  4 oz.

How often you eat it:  times  per day;  per week

Type of poultry:

Amount you usually eat:  4 oz.

How often you eat it:  times  per day;  per week

---

The following section asks about fish and shellfish you may eat. [Click here](#) if you don't eat fish or shellfish.

---

1. Canned tuna fish, tuna salad, tuna casserole (1/2 cup or 112 g):

times      per day;      per week;      per month;      per year

I don't eat canned tuna fish, tuna salad or tuna casserole.

2. Fried fish or fish sticks (4 oz. or 112 g):

times  per day;  per week;  per month;  per year

I don't eat fried fish or fish sticks.

3. Dark meat ocean fish - baked or broiled - for example salmon or mackerel (4 oz. or 112 g):

times  per day;  per week;  per month;  per year

I don't eat baked or broiled dark meat fish.

4. White meat ocean fish - baked or broiled - for example cod or halibut (4 oz. or 112 g):

times  per day;  per week;  per month;  per year

I don't eat baked or broiled white meat fish.

5. Freshwater fish - baked or broiled - for example trout or pike (4 oz. or 112 g):

times  per day;  per week;  per month;  per year

I don't eat baked or broiled white meat fish.

6. Fried clams or other fried shellfish (20 small clams):

times  per day;  per week;  per month;  per year

I don't eat fried clams or other fried shellfish.

7. Shrimp or prawns - not fried (3 oz. or 85 g):

times  per day;  per week;  per month;  per year

I don't eat shrimp or prawns.

8. Lobster, crab or other shellfish - not fried (1 cup or 145 g):

times  per day;  per week;  per month;  per year

I don't eat lobster, crab or other shellfish.

9. Overall, how often do you eat fish that is purchased fresh?

times  per day;  per week;  per month;  per year

I don't eat fresh fish.

10. Overall, how often do you eat fish that is purchased frozen?

times  per day;  per week;  per month;  per year

I don't eat frozen fish.

11. Overall, how often do you eat fish that is purchased canned?

times      per day;      per week;      per month;      per year

I don't eat canned fish.

12. Overall, how often do you eat fish that is farm raised ?

times  per day;  per week;  per month;  per year

I don't eat farm raised fish.

13. If there are any other types of fish not included in our list that you eat regularly (at least once a week) please provide us with the following information about them:

Type of fish:

Amount you usually eat:  4 oz.

How often you eat it:  times  per day;  per week

Type of fish:

Amount you usually eat:  4 oz.

How often you eat it:  times  per day;  per week

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

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URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

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Last Update:May 6, 1997

# Mixed Dishes & Vegetarian Items

---

Please enter your username:   
(example:bill)

Please enter your email address:   
(example:president@whitehouse.gov)

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake.

---

1. Pizza with pepperoni, salami or sausage (2 slices):

times  per day;  per week;  per month;  per year

I don't eat pizza with pepperoni, salami or sausage.

2. Pizza without meat (2 slices):

times  per day;  per week;  per month;  per year

I don't eat pizza without meat.

3. Lasagna with beef or pork (1 cup):

times  per day;  per week;  per month;  per year

I don't eat lasagna with beef or pork.

4. Lasagna with chicken (1 cup):

times  per day;  per week;  per month;  per year

I don't eat lasagna with chicken.

5. Lasagna without meat (1 cup):

times  per day;  per week;  per month;  per year

I don't eat lasagna without meat.

6. Stir-Fried vegetables with beef or pork (1 cup or 224 g):

times  per day;  per week;  per month;  per year

I don't eat stir-fried vegetables with beef or pork.

7. Stir-Fried vegetables with chicken (1 cup or 224 g):

times  per day;  per week;  per month;  per year

I don't eat stir-fried vegetables with chicken.

8. Stir-Fried vegetables without meat (1 cup or 224 g):

times  per day;  per week;  per month;  per year

I don't eat stir-fried vegetables without meat.

9. Burritos with beef or pork - con carne (1 medium):

times  per day;  per week;  per month;  per year

I don't eat burritos with beef or pork.

10. Burritos with chicken - con pollo (1 medium):

times  per day;  per week;  per month;  per year

I don't eat burritos with chicken.

11. Vegetable or bean burritos (1 medium):

times  per day;  per week;  per month;  per year

I don't eat vegetable or bean burritos.

12. Enchiladas with beef or pork - con carne (1 enchilada):

times  per day;  per week;  per month;  per year

I don't eat enchiladas with beef or pork.

13. Enchiladas with chicken - con pollo (1 enchilada):

times  per day;  per week;  per month;  per year

I don't eat enchiladas with chicken.

14. Enchiladas with cheese - con queso (1 enchilada):

times  per day;  per week;  per month;  per year

I don't eat enchiladas with cheese.

15. Tacos with beef or pork - con carne (1 taco):

times  per day;  per week;  per month;  per year

I don't eat tacos with beef or pork.

16. Tacos with chicken - con pollo (1 taco):

times  per day;  per week;  per month;  per year

I don't eat tacos with chicken.

17. Chili with meat and beans (1 cup or 255 g):

times  per day;  per week;  per month;  per year

I don't eat chili with meat and beans.

18. Chili with meat, without beans (1 cup or 255 g):

times  per day;  per week;  per month;  per year

I don't eat chili without beans.

19. Vegetarian chili (1 cup or 255 g):

times  per day;  per week;  per month;  per year

I don't eat vegetarian chili.

20. Lentil or bean soup with meat (1 medium bowl):

times  per day;  per week;  per month;  per year

I don't eat lentil or bean soup with meat.

21. Lentil or bean soup without meat (1 medium bowl):

times  per day;  per week;  per month;  per year

I don't eat lentil or bean soup without meat.

22. Vegetarian burgers - such as garden burgers or tofu burgers (1 patty):

times  per day;  per week;  per month;  per year

I don't eat vegetarian burgers.

23. Tofu or soybeans (3 oz or 84 g):

times  per day;  per week;  per month;  per year

I don't eat tofu or soybeans.

24. Miso (1 tablespoon):

times  per day;  per week;  per month;  per year

I don't use miso.

25. Soy sauce or tamari (1 tablespoon or 18 g):

times  per day;  per week;  per month;  per year

I don't use soy sauce or tamari.

26. Soy milk (8 oz or 240 ml):

times  per day;  per week;  per month;  per year

I don't drink soy milk.

27. Humus (1/2 cup or 120 g):

times  per day;  per week;  per month;  per year

I don't eat hummus.

28. Tempeh (4 oz or 83 g):

times  per day;  per week;  per month;  per year

I don't eat tempeh.

29. Nori or laver (2 teaspoons or 10 g)

times  per day;  per week;  per month;  per year

I don't eat nori or laver.

30. Kombu or kelp (2 teaspoons or 10 g)

times  per day;  per week;  per month;  per year

I don't eat kombu or kelp.

31. Wakame (2 teaspoons or 10 g)

times  per day;  per week;  per month;  per year

I don't eat wakame.

32. Hijiki (2 teaspoons or 10 g)

times  per day;  per week;  per month;  per year

I don't eat hijiki.

33. Arame (2 teaspoons or 10 g)

times  per day;  per week;  per month;  per year

I don't eat arame.

34. Other seaweeds (2 teaspoons or 10 g)

times  per day;  per week;  per month;  per year

I don't eat other seaweeds.

35. Overall, how often do you eat beans or bean products that are frozen?

times  per day;  per week;  per month;  per year

I don't eat frozen bean products.

36. Overall, how often do you eat beans or bean products that are canned?

times  per day;  per week;  per month;  per year

I don't eat canned beans or bean products.

37. Overall, how often do you eat beans or bean products that are grown organically (grown without the use of pesticides, herbicides or other chemicals)?

times  per day;  per week;  per month;  per year

I don't eat organically grown beans or bean products.

---

38. If there are any other mixed dishes or vegetarian items not included in our list that you eat regularly (at least once a

week) please provide us with the following information about them:

- Type of mixed dish or vegetarian item: [text input field]  
 Amount you usually eat: [dropdown menu] 4 oz.  
 How often you eat it: [dropdown menu] times  per day;  per week
- Type of mixed dish or vegetarian item: [text input field]  
 Amount you usually eat: [dropdown menu] 4 oz.  
 How often you eat it: [dropdown menu] times  per day;  per week
- Type of mixed dish or vegetarian item: [text input field]  
 Amount you usually eat: [dropdown menu] 4 oz.  
 How often you eat it: [dropdown menu] times  per day;  per week

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

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URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

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Last Update:May 6, 1997

# Sweets, Snacks & Miscellaneous

Please enter your username: [example:bill]

Please enter your email address: [example:president@whitehouse.gov]

---

For each food listed below, please enter how often **on average** you eat each item. You will need to enter the number of times you eat the food followed by whether you eat it on a daily, weekly, monthly or yearly basis. Use the past 12 months as a guide for your food intake.

---

1. Doughnuts (1 each):

[ ] times  per day;  per week;  per month;  per year

I don't eat doughnuts.

2. Sweet roll, coffee cake or other pastry (1 each):

[ ] times  per day;  per week;  per month;  per year

I don't eat sweet rolls or coffee cake.

3. Home baked cookies (1 cookie):

[ ] times  per day;  per week;  per month;  per year

I don't eat home baked cookies.

4. Ready made cookies (1 cookie):

[ ] times  per day;  per week;  per month;  per year

I don't eat ready made cookies.

5. Reduced fat cookies (2 cookies):

[ ] times  per day;  per week;  per month;  per year

I don't eat reduced fat cookies.

6. Home baked cake (1 slice):

[ ] times  per day;  per week;  per month;  per year

I don't eat home baked cake.

7. Ready made cake (1 slice):

[ ] times  per day;  per week;  per month;  per year

I don't eat ready made cake.

8. Brownies (1 piece):

times  per day;  per week;  per month;  per year

I don't eat brownies.

9. Reduced fat brownies (1 piece):

times  per day;  per week;  per month;  per year

I don't eat reduced fat brownies.

10. Homemade pie (1 slice):

times  per day;  per week;  per month;  per year

I don't eat homemade pie.

11. Ready made pie (1 slice):

times  per day;  per week;  per month;  per year

I don't eat ready made pie.

12. Chocolate candy - for example, Hershey's or M&M's (1 piece, 1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat chocolate candy.

13. Candy bars - for example Snickers, Milky Way or Reeses (1 bar):

times  per day;  per week;  per month;  per year

I don't eat candy bars

14. Candy without chocolate (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat candy without chocolate.

15. Peanuts (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat peanuts.

16. Walnuts (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat walnuts.

17. Cashews (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat cashews.

18. Almonds (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat almonds.

19. Other nuts (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat other nuts.

20. Sunflower seeds (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat sunflower seeds.

21. Other seeds (1 oz. or 28 g):

times  per day;  per week;  per month;  per year

I don't eat other seeds.

22. Popcorn (1 cup or 8 g):

times  per day;  per week;  per month;  per year

I don't eat popcorn.

23. Chips - potato or corn (1 oz. bag or 28 g):

times  per day;  per week;  per month;  per year

I don't eat potato or corn chips.

24. Jams, jellies, preserves, syrup or honey (1 tablespoon or 15 g):

times  per day;  per week;  per month;  per year

I don't eat jam, jelly, preservers, syrup or honey.

25. Peanut butter (1 tablespoon or 15 g):

times  per day;  per week;  per month;  per year

I don't eat peanut butter.

26. Bran, added to food (1 tablespoon or 4 g):

times  per day;  per week;  per month;  per year

I don't add bran to my food.

27. Wheat germ (1 tablespoon or 7 g):

times  per day;  per week;  per month;  per year

I don't use wheat germ.

28. Mustard - dry or prepared (1 teaspoon or 5 g):

times  per day;  per week;  per month;  per year

I don't use mustard.

29. Salad dressing (1 tablespoon or 15 g):

times  per day;  per week;  per month;  per year

I don't use salad dressing.

30. Dim Sum - for example Bao or Manapua (3 to 4 pieces):

times  per day;  per week;  per month;  per year

I don't eat Dim Sum.

31. Other Dim Sum - for example pork hash, fried won ton, eggroll (3 to 4 pieces):

times  per day;  per week;  per month;  per year

I don't eat pork hash or eggrolls.

---

32. If there are any other sweets, snacks or miscellaneous items not included in our list that you eat regularly (at least once a week) please provide us with the following information about them:

Type of sweet:

Amount you usually eat:  1 piece

How often you eat it:  times  per day;  per week

Type of sweet:

Amount you usually eat:  1 piece

How often you eat it:  times  per day;  per week

Type of sweet:

Amount you usually eat:  1 piece

How often you eat it:  times  per day;  per week

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

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# Nutritional Supplements

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

The following page contains a list of some supplements that people take. Please be sure to select an answer for each question. If you do not take **any vitamins or supplements** answer the first question then click the appropriate button to go to the end of this section.

---

1. Do you currently take vitamins or nutritional supplements?

- yes  
 no [Click here](#) if you do not take any vitamins or &nbsp;supplements.

2. Do you currently take multiple vitamins?

- yes  
 no [Click here](#) if you do not take any multiple vitamins.

a) If you take multiple vitamins, how many do you take?

pills  per day;  per week;  per month

b) What type of multivitamin do you take?

- one-a-day type  
 stress type  
 therapeutic type  
 other; Please specify   
 not sure

c) How long have you been taking multivitamins on a regular basis?

months; OR  years

---

For each of the following supplements, please indicate the dose you take, how often you take it, and how long you have taken it. If you do not take any supplements, click the appropriate button.

---

3. Vitamin A:

a) The dose of Vitamin A you take:  IU

b) How often you take Vitamin A:

times  per day;  per week;  per month

c) For how long have you taken Vitamin A on a regular basis?

months; OR  years

d)  I don't take Vitamin A.

4. Vitamin C:

a) The dose of Vitamin C you take:  &nbspmg

b) How often you take Vitamin C:

 times  per day;  per week;  per month

I only take Vitamin C to prevent or treat a cold.

c) For how long have you taken Vitamin C on a regular basis?

months; OR  years

d)  I don't take Vitamin C.

5. Vitamin D:

a) The dose of Vitamin D you take:  &nbspIU

b) How often you take Vitamin D:

 times  per day;  per week;  per month

c) For how long have you taken Vitamin D on a regular basis?

months; OR  years

d)  I don't take Vitamin D.

6. Vitamin E:

a) The dose of Vitamin E you take:  &nbspIU

b) How often you take Vitamin E:

 times  per day;  per week;  per month

c) For how long have you taken Vitamin E on a regular basis?

months; OR  years

d)  I don't take Vitamin E.

7. Vitamin B6

a) The dose of Vitamin B6 you take:  &nbspmg

b) How often you take Vitamin B6:

 times  per day;  per week;  per month

c) For how long have you taken Vitamin B6 on a regular basis?

months; OR  years

d) I don't take Vitamin B6.

8. Vitamin B12

a) The dose of Vitamin B12 you take:  &nb spmcg

b) How often you take Vitamin B12:

times  per day;  per week;  per month

c) For how long have you taken Vitamin B12 on a regular basis?

months; OR  years

d)  I don't take Vitamin B12.

9. Folic Acid (Folate or Folacin):

a) The dose of Folic Acid you take:  mcg

b) How often you take Folic Acid:

times  per day;  per week;  per month

c) For how long have you taken Folic Acid on a regular basis?

months; OR  years

d)  I don't take Folic Acid.

10. Calcium (don't forget that Tums and some other antacids have calcium):

a) The dose of Calcium you take:  &nb spmg

b) How often you take Calcium:

times  per day;  per week;  per month

c) For how long have you taken Calcium on a regular basis?

months; OR  years

d)  I don't take Calcium.

11. Iron:

a) The dose of Iron you take:  &nb spmg

b) How often you take Iron:

times  per day;  per week;  per month

c) For how long have you taken Iron on a regular basis?

months; OR  years

d)  I don't take Iron.

12. Zinc:

a) The dose of Zinc you take: &nb spmg

b) How often you take Zinc:

times  per day;  per week;  per month

c) For how long have you taken Zinc on a regular basis?

months; OR  years

d)  I don't take Zinc.

13. Copper:

a) The dose of Copper you take:  &nbspmg

b) How often you take Copper:

times  per day;  per week;  per month

c) For how long have you taken Copper on a regular basis?

months; OR  years

d)  I don't take Copper.

14. Magnesium:

a) The dose of Magnesium you take:  &nbspmg

b) How often you take Magnesium:

times  per day;  per week;  per month

c) For how long have you taken Magnesium on a regular basis?

months; OR  years

d)  I don't take Magnesium.

15. Manganese:

a) The dose of Manganese you take:  &nbspmg

b) How often you take Manganese:

times  per day;  per week;  per month

c) For how long have you taken Manganese on a regular basis?

months; OR  years

d)  I don't take Manganese.

16. Selenium:

a) The dose of Selenium you take:  mcg

b) How often you take Selenium:

times      per day;      per week;      per month

c) For how long have you taken Selenium on a regular basis?

months; OR  years

d)  I don't take Selenium.

17. Chromium:

a) The dose of Chromium you take:  &nbspmcg

b) How often you take Chromium:

times  per day;  per week;  per month

c) For how long have you taken Chromium on a regular basis?

months; OR  years

d)  I don't take Chromium.

18. Beta-Carotene:

a) The dose of Beta-Carotene you take:  &nbspIU

b) How often you take Beta-Carotene:

times  per day;  per week;  per month

c) For how long have you taken Beta-Carotene on a regular basis?

months; OR  years

d)  I don't take Beta-Carotene.

19. Brewer's Yeast:

a) The dose of Brewer's Yeast you take:

If you selected tablets, please specify the dose:  &nbspmg

b) How often you take Brewer's Yeast:

times  per day;  per week;  per month

c) For how long have you taken Brewer's Yeast on a regular basis?

months; OR  years

d)  I don't take Brewer's Yeast.

20. Cod Liver Oil:

a) The dose of Cod Liver Oil you take: (Please specify amount of Vitamin A and D in the supplement you take.)

&nbspIU Vitamin D

IU Vitamin A

b) How often you take Cod Liver Oil:

times  per day;  per week;  per month

c) For how long have you taken Cod Liver Oil on a regular basis?

months; OR  years

d)  I don't take Cod Liver Oil.

21. Garlic:

a) The dose of Garlic you take:  &nbspmg

b) How often you take Garlic:

times  per day;  per week;  per month

c) For how long have you taken Garlic on a regular basis?

months; OR  years

d)  I don't take Garlic.

22. DHA (Docosahexaenoic Acid):

a) The dose of DHA you take:  &nbspmg

b) How often you take DHA:

times  per day;  per week;  per month

c) For how long have you taken DHA on a regular basis?

months; OR  years

d)  I don't take DHA.

23. EPA (Eicosapentaenoic Acid):

a) The dose of EPA you take:  &nbspmg

b) How often you take EPA:

times  per day;  per week;  per month

c) For how long have you taken EPA on a regular basis?

months; OR  years

d)  I don't take EPA.

---

24. If there are any other supplements not included in our list that you use regularly (at least once per week) please provide us with the following information about them:

Type of supplement:

Amount you usually use (Specify amount and units - for example 5 mg):

How often you use it:      times      per day;      per week

- Type of supplement:
- Amount you usually use (Specify amount and units - for example 5 mg):
- How often you use it:  times  per day;  per week

---

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Last Update: May 6, 1997

# Food Preparation

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

1. How much of the visible fat on your meats do you remove before eating?

- remove all
- remove most
- remove some
- remove none
- I do not eat meat.

2. What type of fat do you typically use when frying and sauteing?

- butter
- margarine
- lard
- vegetable oil
- vegetable shortening

3. What type of fat do you usually use when baking?

- butter
- margarine
- lard
- vegetable oil
- vegetable shortening
- I do not use fat when I bake.

4. What form of margarine do you usually use?

- stick form
- tub form
- diet form (low calorie)
- I do not use margarine

5. What type of fat do you usually add to vegetables, potatoes, etc?

- butter
- margarine
- lard
- vegetable oil
- vegetable shortening
- I do not add fat to my food.

6. When you cook, what type of oil do you typically use?

---

7. What is the primary type of cooking fuel that you use?

8. How often do you use a microwave oven to heat or prepare food?

 times

- per day
- per week
- per month
- per year
- I don't use a microwave oven.

9. How often do you add salt to your food at the table?

- always
- sometimes
- I don't put salt on my food.

10. How many teaspoons of sugar do you add to your food each day? Please include sugar added to any food you eat or drink during the day - for example, in coffee or on breakfast cereal.

 teaspoons

11. How often do you eat fried food at home?

 times

- per day
- per week
- per month
- per year
- I don't eat fried food at home

12. How often do you eat fried food away from home?

 times

- per day
- per week
- per month
- per year
- I don't eat fried food away from home

13. Do you skip any of the following meals on a regular basis?

- breakfast:  yes;  no
- lunch or midday meal:  yes;  no
- dinner or evening meal:  yes;  no

[Click here](#) if you don't eat breakfast.

14. Overall, how often do you eat breakfast at home?

 times  per day;  per week;  per month;  per year

- I don't eat breakfast at home.

15. Overall, how often do you eat breakfast away from home?

times  per day;  per week;  per month;  per year

I don't eat breakfast away from home.

[Click here](#) if you don't eat lunch.

16. Overall, how often do you eat lunch or your midday meal at home?

times  per day;  per week;  per month;  per year

I don't eat lunch at home.

17. Overall, how often do you eat lunch or your midday meal in a restaurant or cafeteria?

times  per day;  per week;  per month;  per year

I don't eat lunch in a restaurant or cafeteria.

18. Overall, how often do you eat a "bag lunch" packed from home?

times  per day;  per week;  per month;  per year

I don't eat "bagged lunches."

[Click here](#) if you do not eat dinner.

19. Overall, how often do you eat dinner or your evening meal at home?

times  per day;  per week;  per month;  per year

I don't eat dinner at home.

20. Overall, how often do you eat dinner or your evening meal at home but with food ordered outside the home (i.e. take out)?

times  per day;  per week;  per month;  per year

I don't eat take out.

21. Overall, how often do you eat dinner or your evening meal away from home?

times  per day;  per week;  per month;  per year

I don't eat dinner away from home.

22. Overall, how often do you try to eat organically-grown food (grown without the use of pesticides, fungicides or fertilizers)?

- usually
- occasionally
- rarely
- not sure

23. How has your use of the following foods changed over the past ten years?

&nbspFood	Use has decreased	Use about the same	Use has increased
Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole wheat bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Last Update:May 6, 1997

# Reproductive History

---

Please enter your username:  [example:bill]

Please enter your email address:  [example:president@whitehouse.gov]

---

The following questions ask about your reproductive history. Please answer them to the best of your ability.

---

1. Have you ever menstruated? (Have you ever had a period?)

- yes  
 no &nbsp;If no, [click here](#) to skip to the next set of questions.

2. At what age did you begin menstruating? (What age did you have your first period?)

years old

3. When you menstruate(d), is (was) your cycle:

- always regular  
 usually regular  
 never regular

4. When you menstruate(d), how many days are (were) there between the first day of one period to the first day of your next period?

days

5. Do you currently have menstrual periods?

- yes &nbsp;If yes, [click here](#) to skip to the next set of questions  
 no

6. If you answered "no" to the previous question, how old were you when you had your last menstrual period?

years old

7. What was the reason your menstrual cycle stopped?

- natural menopause (the change of life)  
 because of a hysterectomy (uterus surgically removed)  
 because of a hysterectomy with oophorectomy (uterus and ovaries were surgically removed)  
 took medication or had radiationthat stopped my period  
 other; If other, specify reason:
- 

## Pregnancy and Breastfeeding

---

The following questions refer to each time you were pregnant. Please fill in information for each pregnancy, regardless of its outcome.

1. First, record your age at the beginning of each pregnancy
2. Next, record the number of weeks you were pregnant

3. Then, record the pregnancy outcome from the following categories:

- Currently pregnant
- Single live birth
- Multiple live birth, all lived
- Multiple birth, one stillborn (one child born dead after five months or more of pregnancy)
- Multiple birth, all stillborn (all children born dead after five months or more of pregnancy)
- Stillbirth (child born dead after five months or more of pregnancy)
- Miscarriage (spontaneous loss of child before five months)
- Ectopic pregnancy
- Induced abortion
- Other

4. Next, if the pregnancy resulted in a live birth, indicate whether you breastfed and how many months you breastfed the child.

If you have never been pregnant, check "no" to the first question then click the button next to it to skip to the next set of questions.

---

1. Have you ever been pregnant? (please include current pregnancy, live births, stillbirths, miscarriages, ectopic pregnancies and induced abortions.)

- yes  
 no &nbsp;If no, [click here](#) to go to the next set of questions

2. If yes, how many times have you been pregnant?

times

Please provide the following information for each of your pregnancies:

1. Pregnancy #1

- How old were you at the beginning of your first pregnancy?

years old

- How many weeks were you pregnant?

weeks

- What was the outcome of this pregnancy?

- If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

- yes;  no

- For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy.

2. Pregnancy #2

- How old were you at the beginning of your second pregnancy?

years old

- How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy

### 3. Pregnancy #3

How old were you at the beginning of your third pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy

### 4. Pregnancy #4

How old were you at the beginning of your fourth pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy

### 5. Pregnancy #5

How old were you at the beginning of your fifth pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here if this was your last pregnancy](#)

## 6. Pregnancy #6

How old were you at the beginning of your sixth pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here if this was your last pregnancy](#)

## 7. Pregnancy #7

How old were you at the beginning of your seventh pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;      no

For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy

### 8. Pregnancy #8

How old were you at the beginning of your eighth pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy

### 9. Pregnancy #9

How old were you at the beginning of your ninth pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

[Click here](#) if this was your last pregnancy

### 10. Pregnancy #10

How old were you at the beginning of your tenth pregnancy?

years old

How many weeks were you pregnant?

weeks

What was the outcome of this pregnancy?

If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

yes;  no

For how long did you breastfeed?  weeks OR  months

11. How many girls and boys have you given birth to? (include only live births):

girls;  boys

---

12. Did you ever try for one straight year or more to become pregnant without success?

yes;  no

13. Did you or your partner ever visit a doctor, clinic, or hospital because you had a problem getting pregnant?

yes;  no

14. What was the reason you had difficulty becoming pregnant?

- problem with ovaries
- problem with fallopian tubes
- problem with uterus/cervix
- husband had fertility problem
- other fertility problem
- no problem was found
- not sure

15. Has a doctor ever prescribed medication to help you become pregnant?

yes;  no

If yes, what was the name of the medication?

How long did you take the above medication?

---

16. Did you ever have infertility surgery or any other procedures in an attempt to become pregnant?

yes;  no

If yes, which of the following procedures did you have? Select all that apply. Please note that the way you are able to select more than one option will differ based on the type of computer you are using.

pelvic adhesion removal  
 artificial insemination  
 in vitro fertilization

---

## Birth Control

---

1. Have you ever taken birth control pills for any reason?

yes, currently taking  
 yes, but not currently taking  
 no [Click here](#) if you have never taken birth control pills.  
 not sure

2. How old were you when you started taking birth control pills?

years old.

3. How old were you when you stopped taking birth control pills?

years old.

I am currently using birth control pills.

4. The following table asks for information about birth control pill use.

- Select the brand name of the birth control pills you have taken, the dose of the pills you took, how long you took them, and at what age you started using them. If you took the pill intermittently (have stopped using the pill, then started using at a later date) count each time you have taken the pill separately.
- If you have taken more than one type of birth control pill, please provide us with information for each type.
- If the specific birth control pill you have taken is not in our list, please provide us with the appropriate information in the questions after the table.
- If you are unsure of the type of birth control pill you use(d), click here to see photographs of commonly used pills (link not yet active.)
- If you don't remember the name or dose of the birth control pill you took, just fill in the information about how long you took it.

Name of Birth Control Pill	Dose	How Long Taken	Age Started
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have taken more than five different birth control pills, please tell us how many:

If the specific brand name of the oral contraceptive you take is not included in our list, please tell us about it:

- Name of oral contraceptive:
- Dose you took:
- How long you took it:
  
- Name of oral contraceptive:
- Dose you took:
- How long you took it:

5. Have you ever used birth control methods other than oral contraceptives?

- yes
- no [Click here](#) if you have never used birth control.
- not sure

6. The following table asks for information about birth control methods other than oral contraceptives.

- Select the method of birth control you used.
- Next, tell us how long you used this method.
- If you have used more than one method of birth control, please provide us with information for each type.
- If the specific birth control method you used is not on our list, please provide us with the appropriate

information in the questions after the table.

Name of Birth Control Method	How Long Used

If you have used more than five different methods of birth control, please tell us how many:

If the specific type of birth control you used is not on our list, please tell us about it:

- Name of method:
- How long you used it:
  
- Name of method:
- How long you used it:

---

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Last Update: May 6, 1997

# Reproductive History

---

Please enter your username:  [example:bill]

Please enter your email address:  [example:president@whitehouse.gov]

---

1. Have you ever been in a marriage or relationship that resulted in your partner becoming pregnant? Please include pregnancies that resulted in the birth of a child, miscarriage, or other outcomes.

yes  
 no  
 not sure

- If yes, how many different marriages or relationships have you been in that resulted in your partner becoming pregnant?

- If yes, how many pregnancies resulted from your marriage(s) or relationship(s)? If you have been in more than one marriage or relationship that resulted in pregnancy, please indicate how many total pregnancies resulted from these relationships.

2. Did you or your partner ever visit a doctor, clinic, or hospital because your partner had a problem becoming pregnant?

yes  
 no

3. What was the reason your partner had difficulty becoming pregnant?

problem with ovaries  
 problem with fallopian tubes  
 problem with uterus/cervix  
 my fertility problem  
 other fertility problem  
 no problem was found  
 not sure

4. Have you ever had a vasectomy?

yes  
 no  
 not sure

[Click here](#) if you have never had a vasectomy.

- If yes, what was the reason you had a vasectomy?

birth control/contraception  
done as part of another surgery  
not sure

- How old were you when you had your vasectomy?

years old

5. Did you ever have your vasectomy reversed?

- yes
- no
- not sure

If yes, how old were you when you had your vasectomy reversed?

years old

If yes, was the reversal successful?

- yes
- no
- not sure

6. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

- not at all
- less than 1 time in 5
- less than half the time
- about half the time
- more than half the time
- almost always

7. Over the past month or so, how often have you had to urinate less than two hours after you finished urinating?

- not at all
- less than 1 time in 5
- less than half the time
- about half the time
- more than half the time
- almost always

8. Over the past month or so, how often have you found you stopped and started again several times when you urinated?

- not at all
- less than 1 time in 5
- less than half the time
- about half the time
- more than half the time
- almost always

9. Over the past month or so, how often have you found it difficult to postpone urination?

- not at all
- less than 1 time in 5
- less than half the time
- about half the time
- more than half the time
- almost always

10. Over the past month or so, how often have you had a weak urinary stream?

- not at all
- less than 1 time in 5
- less than half the time
- about half the time

- more than half the time
- almost always

11. Over the past month or so, how often have you had to push or strain to begin urination?

- not at all
- less than 1 time in 5
- less than half the time
- about half the time
- more than half the time
- almost always

12. Over the last month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

- none
- one time
- two times
- three times
- four times
- five or more times

13. Has a doctor ever checked your prostate with his/her finger?

- yes
- no
- not sure

If yes, what was the reason for this exam?

- part of a routine checkup
- because of symptoms
- not sure

14. Have you ever been screened for PSA (prostate specific antigen)?

- yes
- no
- not sure

If yes, why were you screened?

- part of a routine checkup
- because of symptoms
- not sure

If yes, was your PSA elevated?

- yes
- no
- not sure

15. Have you ever had an ultrasound exam of the prostate to check for prostate disease?

- yes
- no
- not sure

---

Has a doctor ever told you that you have any of the following conditions?

1. An enlarged prostate or BPH (benign prostatic hypertrophy):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

2. An infection or inflammation of your prostate (prostatitis):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

3. Any other problem with your prostate, other than cancer:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

If yes, please describe the problem:

4. Infection or inflammation of the epididymis:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

5. Infection or inflammation of the testicles:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

6. Undescended testicles:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

7. Any other problem with your testicles, other than cancer:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

If yes, please describe the problem:

8. Enlarged veins in the scrotum (varicocele):

- yes
- no

not sure

If yes, at what age were you first diagnosed?  years old

---

The following is a list of surgical procedures. Please indicate which you have had, if any.

1. A needle biopsy of the prostate:

yes  
 no  
 not sure

2. An operation in which any part of your prostate was removed.

yes  
 no  
 not sure

3. Any other procedure on your prostate:

yes  
 no  
 not sure

4. A procedure where the doctor passed a tube through the penis to look at the bladder (cytscopy).

yes  
 no  
 not sure

---

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# Medical History

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

This part of the questionnaire consists of two separate sections. The first section asks about medical conditions you may have been diagnosed with **by a medical professional**; the second section asks about medications you may take. Please answer each question to the best of your ability.

---

1. During the past two years, have you had a physical exam?

- yes, for screening
- yes, for symptoms
- no

2. Have you had your blood pressure checked during the past two years?

- yes;  no

If yes, what was your systolic blood pressure (upper number)?

&nbsp mm/Hg

If yes, what was your diastolic blood pressure (lower number)?

&nbsp mm/Hg

3. Have you had your serum cholesterol checked within the past five years?

- yes
- no

4. Was your cholesterol level high (> 200mg/dl)?

- yes
- no
- not sure

5. Please tell us what your cholesterol level was:  mg/dl

---

**Has a doctor ever told you that you have any of the following conditions?**

6. Adrenal gland conditions (such as Cushing's disease):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

7. Angina:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

8. Heart attack:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

9. High cholesterol (>200mg/dl):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

10. Have you ever undergone a CABG or coronary angioplasty:

- yes
- no
- not sure

If yes, at what age did you have this procedure done?  years old

11. Hypertension (high blood pressure):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

12. Stroke:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

13. Arthritis:

- yes, rheumatoid
- yes, other type
- no
- not sure

If yes, at what age were you first diagnosed?  years old

14. Diabetes (sugar diabetes or diabetes mellitus):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

15. Gestational diabetes (diabetes during pregnancy)

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

16. Gallbladder disease

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

17. Chronic colitis (inflammation of the colon):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

18. Rectal/colon polyps:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

19. Have you ever received a blood transfusion?

- yes
- no

If yes, at what age did you receive your first transfusion?  years old

What was the reason you had a blood transfusion?

- blood loss (from surgery or bleeding)
- low blood production due to illness
- other
- not sure

If you selected other, please tell us the reason for your transfusion:

20. Osteoporosis (brittle bones):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

21. Have you ever suffered a fracture (broken bone) of your upper arm, forearm, wrist, ribs, or hip which required treatment by a physician?

- yes
- no
- not sure

If yes, at what age did you suffer a fracture?  years old

22. Have you ever been diagnosed with cancer?

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

If yes, what type of cancer? Select all that apply. Please note that the way you are able to select more than one option will differ based on what type of computer you are using.

adrenal gland  
bladder  
bone  
breast  
brain

23. Benign lumps or cysts (non-cancerous) in your breasts:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

24. Endometriosis:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

25. Fibroid tumors (non-cancerous) in the uterus:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

26. Polycystic ovaries (Stein-Leventhal syndrome):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

27. Other non-cancerous cysts or tumors of the ovary:

- yes  
no  
not sure

If yes, at what age were you first diagnosed?  years old

28. Have you ever had a mammogram?

- yes
- no
- not sure

If yes, how old were you when you had your first mammogram?

29. How many years has it been since your last mammogram?  years

30. What was the reason for your last mammogram?

- routine screening
- follow-up of abnormality

31. How many months did you practice breast self-examination in the past year?

- one month
- 2-3 months
- 4-6 months
- 7-11 months
- 12 months
- I do not practice breast self-examination.

32. Have you ever had a D & C or any other endometrial biopsy of your womb (scraping or "cleaning out" of your womb)?

- yes
- no
- not sure

If yes, how many times have you had a D & C ?  times

33. Has your uterus (womb) been surgically removed?

- yes
- no
- not sure

34. Have your ovaries been surgically removed?

- yes, one
- yes, both
- yes, part of one
- yes, part of both
- no
- not sure

35. Have you ever had a breast biopsy to remove a small piece of breast tissue to see if cancer is present? (including a needle biopsy or aspiration)?

- yes
- no
- not sure

36. Have you had a total mastectomy (surgical removal of a breast)?

- yes, one breast
- yes, both breasts
- no

37. Have you ever had partial removal of either one or both breasts because of breast cancer?

- yes, one breast
- yes, both breasts
- no
- not sure

38. Have you ever had breast implants?

- yes, one breast
- yes, both breasts
- no
- not sure

39. Have you ever had a PAP smear?

- yes
- no
- not sure

If yes, what was the reason you had a PAP smear?

- routine screening
- follow-up of abnormality
- not sure

40. Have you ever had a colonoscopy or sigmoidoscopy?

- yes
- no
- not sure

41. Have you ever given a sample of your stool to be checked for blood?

- yes
- no
- not sure

---

## Medications

---

**Have you ever taken any of the following medications?**

1. Aspirin (such as Bufferin or Excedrin):

- no
- yes, take on a regular basis
- yes, but do not take on a regular basis
- not sure

If you take aspirin **on a regular basis** please tell us how often you take it:

times  per day;  per week

2. Acetaminophen (such as Tylenol or Anacin-3):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

3. Ibuprofen (such as Advil or Motrin):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

4. Tagamet or Zantac:

- no
- yes, currently taking
- yes, but not currently taking
- not sure

5. Insulin:

- no
- yes, currently taking
- yes, but not currently taking
- not sure

6. Pills for sugar diabetes (to lower blood sugar - such as Micronase):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

7. Medication to control epilepsy (convulsions or seizures - such as Tegretol or Phenobarbital):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

8. Stimulants (such as dexedrine or amphetamines):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

9. Tranquilizers (pills for nerves - such as Valium):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

10. Diuretics or water pills (such as Lasix, thiazides or hydrochlorthiazides):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

11. Blood pressure medication (other than diuretics - Captopril, Lisinopril):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

12. Cancer chemotherapy (either injections, pills or by vein):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

13. Weight loss pills or appetite suppressants prescribed by a doctor (such as Dexfenfluramine, Redux):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

14. Non-prescription weight loss pills or appetite suppressants:

- no
- yes, currently taking
- yes, but not currently taking
- not sure

15. Have you ever taken pills (other than birth control) that contain estrogen or other female hormones? For example, pills taken after surgery or for menopause. Do not include hormones used in the form of creams, shots, suppositories or patches. Click here to see photographs of commonly used pills (link not yet active).

- yes, currently taking
- yes, but not currently taking
- no. [Click here](#) if you have never taken female hormones &nbspin the form of pills.

16. The following table contains information about female hormone use. Select the brand name of the hormone you have taken, how long you took the hormone, and the dose you took. If the specific hormone you took is not included in our list, please provide us with the appropriate information in the next question.

Hormone name	Dose taken	How long you took it

If the specific brand name of the hormone you take is not included in our list, please tell us about it:

<input type="checkbox"/> Name of hormone:	<input type="text"/>
<input type="checkbox"/> Dose you took:	<input type="button" value="▼"/>
<input type="checkbox"/> How long you took it:	<input type="button" value="▼"/>
 <input type="checkbox"/> Name of hormone:	<input type="text"/>
<input type="checkbox"/> Dose you took:	<input type="button" value="▼"/>
<input type="checkbox"/> How long you took it:	<input type="button" value="▼"/>

17. Have you ever taken creams, shots, suppositories or patches (other than birth control) that contain estrogen or other female hormones?

- yes, currently taking
- yes, but not currently taking
- no. [Click here](#) if you have never taken female hormones in the form of creams, shots, suppositories or patches.

18. The following table contains information about female hormone use. Select the brand name of the cream, shot, suppository or patch you used, how long you used it, and the dose you used. If the specific cream or shot you have taken is not included in our list, please provide us with the appropriate information in the following question. Click here to see photographs of commonly used creams, shots, suppositories and patches. (link not yet active)

Hormone name	Amount taken	How long you took it

If the cream, patch, shot or suppository you used is not included in our list, please tell us about it:

Name of hormone:

Dose you took:

How long you took it:

Name of hormone:

Dose you took:

How long you took it:

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

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# Medical History

---

Please enter your username:  [example:bill]

Please enter your email address:  [example:president@whitehouse.gov]

---

This part of the questionnaire consists of two separate sections. The first section asks about medical conditions you may have been diagnosed with by a medical professional; the second section asks about medications you may take. Please answer each question to the best of your ability.

---

1. During the past two years, have you had a physical exam?

- yes, for screening
- yes, for symptoms
- no

2. Have you had your blood pressure checked during the past two years?

- yes;  no

If yes, what was your systolic blood pressure (upper number)?

&nbspmm/Hg

If yes, what was your diastolic blood pressure (lower number)?

&nbspmm/Hg

3. Have you had your serum cholesterol checked within the past five years?

- yes
- no

4. Was your cholesterol level high (> 200mg/dl)?

- yes
- no
- not sure

5. Please tell us what your cholesterol level was:  mg/dl

---

Has a doctor ever told you that you have any of the following conditions?

6. Adrenal gland conditions (such as Cushing's disease):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

7. Angina:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

8. Heart attack:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

9. High cholesterol (>200mg/dl):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

10. Have you ever undergone a CABG or coronary angioplasty:

- yes
- no
- not sure

If yes, at what age did you have this procedure done?  years old

11. Hypertension (high blood pressure):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

12. Stroke:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

13. Arthritis:

- yes, rheumatoid
- yes, other type
- no
- not sure

If yes, at what age were you first diagnosed?  years old

14. Diabetes (sugar diabetes or diabetes mellitus):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

15. Gallbladder disease

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

16. Chronic colitis (inflammation of the colon):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

17. Rectal/colon polyps:

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

18. Have you ever received a blood transfusion?  yes  no

If yes, at what age did you receive your first transfusion?  years old

What was the reason you had a blood transfusion?

- blood loss (from surgery or bleeding)
- low blood production due to illness
- other
- not sure

If you selected other, please tell us the reason for your transfusion:

19. Osteoporosis (brittle bones):

- yes
- no
- not sure

If yes, at what age were you first diagnosed?  years old

20. Have you ever suffered a fracture (broken bone) of your upper arm, forearm, wrist, ribs, or hip which required treatment by a physician?

- yes
- no
- not sure

If yes, at what age did you suffer a fracture?  years old

21. Have you ever been diagnosed with cancer?

- yes
- no

not sure

If yes, at what age were you first diagnosed?  years old

If yes, what type of cancer? Select **all** that apply. Please note that the way you are able to select more than one option will differ based on what type of computer you are using.

adrenal gland  
bladder  
bone  
breast  
brain

22. Have you ever had a colonoscopy or sigmoidoscopy?

yes  
 no  
 not sure

23. Have you ever given a sample of your stool to be checked for blood?

yes  
 no  
 not sure

---

## Medications

---

Have you ever taken any of the following medications?

1. Aspirin (such as Bufferin or Excedrin):

no  
 yes, take on a regular basis  
 yes, but do not take on a regular basis  
 not sure

If you take aspirin on a regular basis please tell us how often you take it:  times  per day;  per week

2. Acetaminophen (such as Tylenol or Anacin-3):

no  
 yes, currently taking  
 yes, but not currently taking  
 not sure

3. Ibuprofen (such as Advil or Motrin):

no  
 yes, currently taking  
 yes, but not currently taking  
 not sure

4. Tagamet or Zantac:

no  
yes, currently taking  
yes, but not currently taking

not sure

5. Insulin:

- no
- yes, currently taking
- yes, but not currently taking
- not sure

6. Pills for sugar diabetes (to lower blood sugar - such as Micronase):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

7. Medication to control epilepsy (convulsions or seizures - such as Tegretol or Phenobarbital):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

8. Tranquilizers (pills for nerves - such as Valium):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

9. Diuretics or water pills (such as Lasix, thiazides or hydrochlorthiazides):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

10. Blood pressure medication (other than diuretics - Captopril, Lisinopril):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

11. Cancer chemotherapy (either injections, pills or by vein):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

12. Weight loss pills or appetite suppressants prescribed by a doctor (such as Dexfenfluramine, Redux):

- no
- yes, currently taking
- yes, but not currently taking
- not sure

13. Non-prescription weight loss pills or appetite suppressants:

- no
- yes, currently taking
- yes, but not currently taking
- not sure

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

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Please note: If certain features don't seem to be working, you should download the new JavaScript-enabled Netscape Navigator 3.0.

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Questions or comments should be addressed to the [ECCSite! Webmaster](#)

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URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

Last Update:May 6, 1997

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# Family Medical History

---

Please enter your username: [example:bill]

Please enter your email address: [example:president@whitehouse.gov]

---

When answering this set of questions, please think about living and deceased members of your family. Please include only those who are your blood relatives (natural sisters, mother, father, father's brother, mother's sister etc.)

---

1. How many sons and daughters do you have?

0 sons &nbspdaughters

2. How many sisters and brothers do you have?

0 sisters &nbspbrothers

3. How many aunts and uncles do you have?

0 aunts &nbspuncles

4. Was your mother ever diagnosed with cancer?

yes  no;  not sure

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your mother when she was first diagnosed with cancer?

5. Was your father ever diagnosed with cancer?

yes;  no;  not sure

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your father when he was first diagnosed with cancer?

6. Was your maternal grandmother ever diagnosed with cancer (your mother's mother)?

yes;  no;  not sure

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your maternal grandmother when she was first diagnosed with cancer?

7. Was your maternal grandfather ever diagnosed with cancer (your mother's father)?

yes;  no;  not sure

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your maternal grandfather when he was first diagnosed with cancer?

8. Was your paternal grandmother ever diagnosed with cancer (your father's mother)?

yes;  no;  not sure

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your paternal grandmother when she was first diagnosed with cancer?

9. Was your paternal grandfather (your father's father) ever diagnosed with cancer?

yes;      no;      not sure

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

- If you selected cancer at another site, please indicate the site if known:

- How old was your paternal grandfather when he was first diagnosed with cancer?

10. Were any of your aunts (blood relatives only, that is your mother's or father's sisters) ever diagnosed with cancer? If you have more than one aunt who was diagnosed with cancer, select "yes, more than one aunt" for the following question then select all the specific types of cancer that apply. [Click here](#) if you do not have any aunts.

- yes, one aunt;  yes, more than one aunt;  no;  not sure  
 I do not have any aunts.

- If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

- If you selected cancer at another site, please indicate the site if known:

- How old was your first aunt when she was diagnosed with cancer?

- How old was your second aunt when she was diagnosed with cancer?

- How old was your third aunt when she was diagnosed with cancer?

- I have more than three aunts who were diagnosed with cancer.

11. Were any of your uncles (blood relatives only, that is your mother's or father's brothers) ever diagnosed with cancer? If you have more than one uncle who was diagnosed with cancer, select "yes, more than one uncle" for the following question then select all the specific types of cancer that apply. [Click here](#) if you do not have any uncles.

- yes, one uncle;  yes, more than once uncle;  no;  not sure  
 I do not have any uncles

- If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

- If you selected cancer at another site, please indicate the site if known:

- How old was your first uncle when he was diagnosed with cancer?

- How old was your second uncle when he was diagnosed with cancer?

- How old was your third uncle when he was diagnosed with cancer?
- I have more than three uncles who were diagnosed with cancer.
12. Were any of your natural sisters ever diagnosed with cancer? If you have more than one sister who was diagnosed with cancer, select "yes, more than one sister" for the following question then select all the specific types of cancer that apply. [Click here](#) if you do not have any sisters.
- yes, one sister;  yes, more than one sister;  no;  not sure;  
 I do not have any sisters.
- If yes, what type of cancer (Please select all that apply.)
- adrenal gland  
bladder  
bone  
breast  
brain
- If you selected cancer at another site, please indicate the site if known:
- How old was your first sister when she was diagnosed with cancer?
- How old was your second sister when she was diagnosed with cancer?
- How old was your third sister when she was diagnosed with cancer?
- I have more than three sisters who were diagnosed with cancer.
13. Were any of your natural brothers ever diagnosed with cancer? If you have more than one brother who was diagnosed with cancer, select "yes, more than one brother" for the following question then select all the specific types of cancer that apply. [Click here](#) if you do not have any brothers.
- yes, one brother;  yes, more than one brother;  no;  not sure  
 I do not have any brothers.
- If yes, what type of cancer (Please select all that apply.)
- adrenal gland  
bladder  
bone  
breast  
brain
- If you selected cancer at another site, please indicate the site if known:
- How old was your first brother when he was diagnosed with cancer?
- How old was your second brother when he was diagnosed with cancer?
- How old was your third brother when he was diagnosed with cancer?
- I have more than three brothers who were diagnosed with cancer.
14. Were any of your natural daughters ever diagnosed with cancer? If you have more than one daughter who was diagnosed with cancer, select "yes, more than one daughter" for the following question then select all the specific types of cancer that apply. [Click here](#) if you do not have any daughters.

yes, one daughter;  yes, more than one daughter;  no;  not sure;  
 I do not have any daughters.

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your first daughter when she was diagnosed with cancer?

How old was your second daughter when she was diagnosed with cancer?

How old was your third daughter when she was diagnosed with cancer?

I have more than three daughters who were diagnosed with cancer.

15. Were any of your natural sons ever diagnosed with cancer? If you have more than one son who was diagnosed with cancer, select "yes, more than one son" for the following question then select all the specific types of cancer that apply. [Click here](#) if you do not have any sons.

yes, one son;  yes, more than one son;  no;  not sure  
 I do not have any sons

If yes, what type of cancer (Please select all that apply.)

adrenal gland  
bladder  
bone  
breast  
brain

If you selected cancer at another site, please indicate the site if known:

How old was your first son when he was diagnosed with cancer?

How old was your second son when he was diagnosed with cancer?

How old was your third son when he was diagnosed with cancer?

I have more than three sons who were diagnosed with cancer.

16. Have any of your immediate family members been diagnosed with the following conditions? Include only blood relatives (for example - natural mother, father, brothers, etc.) You may skip any sections of the table that do not apply. For example, if you do not have any sisters, you may skip the questions in the table asking about sisters.

Family member	Heart attack	High blood pressure	Stroke	Sugar diabetes
Mother	<input type="radio"/> yes no not sure			

Father	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Maternal grandmother	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Maternal grandfather	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Paternal grandmother	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Paternal grandfather	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Aunt	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Additional aunt	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
<b>Family member</b>	<b>Heart attack</b>	<b>High blood pressure</b>	<b>Stroke</b>	<b>Sugar diabetes</b>
Uncle	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Additional uncle	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Sister	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Additional sister	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
One brother	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Additional brother	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
One daughter	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Additional daughter	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
One son	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure
Additional son	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> not sure

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

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Please note: If certain features don't seem to be working, you should download the new JavaScript-enabled Netscape Navigator 3.0.

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Questions or comments should be addressed to the [ECCSite! Webmaster](#)

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URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

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Last Update: May 6, 1997

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# Other Information

---

Please enter your username:   
[example:bill]

Please enter your email address:   
[example:president@whitehouse.gov]

---

## Congratulations!

You are almost finished. Before you leave, please take a few more minutes to provide us with some additional information about yourself.

---

1. What is your marital status?

- Now married
- Living together with a partner
- Widowed
- Divorced
- Separated
- Never married

2. How frequently do you participate in organized religious or spiritual activities?

- More than once a week
- Every week
- Regularly, but not every week
- Only on special occasions
- Never
- Don't know

3. How often do you attend religious or spiritual services at a church, mosque, temple, or other religious or spiritual meeting place?

4. What is your present religious or spiritual affiliation? Select all that apply.

- Christian
- Buddhist
- Hindu
- Islam
- Judaism
- Shinto
- Wiccan
- Santeria, Voodoo, or Condelembé
- Pagan or other earth-centered religion
- Atheist
- Agnostic
- Don't know
- Other (please specify)

5. What is the religion or spiritual tradition in which you were raised? Select all that apply.

- Christian
- Buddhist
- Hindu
- Islam
- Judaism
- Shinto
- Wiccan
- Santeria, Voodou, or Condelembé
- Pagan or other earth-centered religion
- Atheist
- Agnostic
- Don't know
- Other (please specify)

6. What is the highest level of school you completed?

7. What is your current employment status? Select all that apply.

- employed full-time
- employed part-time
- volunteer full-time
- volunteer part-time
- homemaker
- retired
- unemployed
- student
- disabled, unable to work
- other; Please specify:

8. What has been your usual job or occupation - the one you have worked at the longest? For example, carpenter, nurse, waitress, sales associate.

9. What is your yearly household income in U.S. Dollars?

10. During the past five years, did you have any health care insurance?

- yes
- no
- not sure

If yes, please tell us what kind of insurance:

11. What is your social security number? Keep in mind that this information is optional. No one will have access to this number except the research team at the University of Minnesota. We will only use your social security number to search death certificates if we've lost contact with you.

 -  - 

12. Please provide the following information about a relative or friend who will always know your whereabouts.

Name: First/Given:  Middle:

Last/Family:

Street Address:

City:  State/Province:

Country:  Zip/Postal Code:

E-mail address:

Telephone: Area Code  Number

13. Please tell us how the above person is related to you (for example, your brother or a close friend.)

14. In the future, we may want to obtain a blood sample from you to look at genetic and physiologic factors. If so, we would ask for your specific consent and provide you with materials for your doctor to draw the blood sample. Generally speaking, are you willing to provide us with a blood sample?

- yes
- no
- don't know

15. We may want to obtain a copy of your medical records to look at details of any diseases you may report. If so, we would provide you with a specific consent form for that purpose. Generally speaking, are you willing to give us permission to access your medical records?

- yes
- no
- don't know

16. We may want to send you a questionnaire by regular mail. Are you willing to be contacted by regular (snail) mail?

- yes
- no
- don't know

---

When you have finished this section, please press the "submit" button to send us the complete form. If you would like to change any responses, please do so before submitting this section.

---

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**APPENDIX 2**

**FOLLOW-UP QUESTIONNAIRE**

# ECCS Follow-up

---

Please enter your username: [example:bill]

[example:bill]

Please enter your email address: [example:president@whitehouse.gov]

[example:president@whitehouse.gov]

---

1. If the email address we have for you is no longer your preferred email address, please provide us with your preferred email address:

2. During the past six months, has your mailing address changed?  yes;  no

- o If yes, please provide us with your updated information:

Street Address: [ ]

City: [ ] State/Province: [ ]

Country: [ ] Zip/Postal Code: [ ]

Telephone: Area Code [ ] Number [ ]

3. What is your current weight? (without clothes, to the nearest pound or kilogram)

[ ] pounds; OR [ ] kilograms

4. Has your weight changed during the past six months?

- yes, I've gained weight intentionally
- yes, I've lost weight intentionally
- yes, I've gained weight unintentionally
- yes, I've lost weight unintentionally
- I have not gained or lost weight

- o If yes, by how much did your weight change?

- o If you lost this weight **intentionally**, what was the method you used (select all that apply)?

ate less food  
changed type of food eaten  
increased physical activity  
used diet pills  
vomited on purpose after eating

- o If you lost this weight **unintentionally**, what was the reason (select all that apply)?

illness/surgery  
side-effect of medication  
depression  
stress  
lack of appetite

5. Do you participate in any activity (on a daily basis) that helps keep you physically fit?

yes;  no

6. In the past year, how often did you take part in **mild** physical activity (such as golf, easy walking, fishing)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

7. In the past year, how often did you take part in **moderate** physical activity (such as tennis, volleyball, alpine skiing, fast walking)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

8. In the past year, how often did you take part in **vigorous** physical activity (such as jogging, vigorous swimming, soccer, strenuous sports)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

9. Thinking about a seven day period (a week), how often did you participate in any regular activity long enough to work up a sweat in the past year?

- often
- sometimes
- never/rarely

---

The next set of questions asks about your use of cigarettes, pipes, cigars, or snuff. If your smoking habits have not changed **in the past six months**, or if you have never smoked cigarettes, cigars, pipes, or used snuff, [click here](#) to skip to the next set of questions.

10. In the past six months, have you stopped smoking cigarettes, cigars, a pipe, chewing tobacco, or using snuff completely?

yes;  no

11. In the past six months, have you started to smoke cigarettes, cigars, a pipe, chewing tobacco, or using snuff?

- yes, I've started to smoke cigarettes
- yes, I've started to smoke cigars
- yes, I've started to smoke a pipe
- yes, I've started to chew tobacco
- yes, I've started to use snuff

If yes, about how many cigarettes, cigars, or pipes do you currently smoke per day?

cigarettes OR  
 cigars

If yes, about how many pouches of chew or cans of snuff do you currently use per day?

pouches of chew OR  
 cans of snuff

---

The next set of questions are related to pregnancy. If you have never been pregnant, or if you have not been pregnant in the past year, [click here](#) to skip this set of questions.

12. In the past six months, have you become pregnant?

Yes, I have become pregnant in the past six months.

- No, I have not become pregnant in the past six months.
- I have been pregnant for more than six months.

13. If you are currently pregnant, how many weeks have you been pregnant?

 weeks

14. If you have been pregnant in the past year, what was the outcome of this pregnancy?

currently pregnant

15. If this pregnancy resulted in a live birth, did you breastfeed after this pregnancy?

- yes;  no

16. For how long did you breastfeed?

weeks OR  months

17. Over the past six months, have your periods stopped completely?

- yes;  no

18. If yes, what was the reason your periods stopped?

- natural menopause (the change of life)
- because of a hysterectomy (uterus surgically removed)
- because of a hysterectomy with oophorectomy (uterus and ovaries were surgically removed)
- took medication or had radiation that stopped my period
- other; If other, specify reason:

19. Do you think you are now going through menopause (the change of life)?

- yes;  no

20. In the past six months, have you been diagnosed with cancer?

- yes;  no;  not sure
- If yes, what type of cancer? Select all that apply. Please note that the way you are able to select more than one option will differ based on what type of computer you are using.

adrenal gland  
bladder  
bone  
breast  
brain

21. In the past six months, has a healthcare professional told you that you have any of the following medical conditions?

Medical Condition	yes	no	not sure
Angina	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol (>200mg/dl)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar diabetes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gestational diabetes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis (brittle bones)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benign lumps or cysts in breast	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polycystic ovaries (Stein-Leventhal syndrome)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endometriosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibroid tumors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How would you rate the amount of stress you experience daily **at work?**

- severe
- moderate
- light
- minimal

23. How would you rate the amount of stress you experience daily **at home?**

- severe
- moderate
- light
- minimal

24. How did you find out about the initial ECCS survey?

- Listserv posting (which one?
- Usenet posting (which one?
- Internet search (which directory?
- Other (please specify)
- News article
- Email from friend

As part of this study we would like to update your responses to the online dietary questionnaire you filled out several months ago. While we realize this will require additional time and effort, this information is very important to help us evaluate the dietary portion of our questionnaire. Filling out this questionnaire is optional.

25. Would you like to fill out the dietary questionnaire again?

- Yes;
- No

[Submit section](#)

[Clear Values](#)

[Help](#)

[Quit](#)

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If you have any questions or comments about this survey, please e-mail us at:  
[healthsurvey@epihub.epi.umn.edu](mailto:healthsurvey@epihub.epi.umn.edu)

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Questions or comments should be addressed to the [ECCSite!](#) Webmaster

URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

Last Update: October 1, 1997

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# ECCS Follow-up

---

Please enter your username: [example:bill]

[example:bill]

Please enter your email address: [example:president@whitehouse.gov]

[example:president@whitehouse.gov]

---

1. If the email address we have for you is no longer your preferred email address, please provide us with your preferred email address:

2. During the past six months, has your mailing address changed?  yes;  no

- o If yes, please provide us with your updated information:

Street Address: [example: 123 Main Street]

City: [example: Washington] State/Province: [example: DC]

Country: [example: United States] Zip/Postal Code: [example: 20500]

Telephone: Area Code [example: 202] Number [example: 555-1234]

3. What is your current weight? (without clothes, to the nearest pound or kilogram)

[example: 150] pounds; OR [example: 68] kilograms

4. Has your weight changed during the past six months?

- yes, I've gained weight intentionally
- yes, I've lost weight intentionally
- yes, I've gained weight unintentionally
- yes, I've lost weight unintentionally
- I have not gained or lost weight

- o If yes, by how much did your weight change?

- o If you lost this weight **intentionally**, what was the method you used (select all that apply)?

ate less food  
changed type of food eaten  
increased physical activity  
used diet pills  
vomited on purpose after eating

- o If you lost this weight **unintentionally**, what was the reason (select all that apply)?

illness/surgery
side-effect of medication
depression
stress
lack of appetite

5. Do you participate in any activity (on a daily basis) that helps keep you physically fit?

yes;  no

6. In the past year, how often did you take part in **mild** physical activity (such as golf, easy walking, fishing)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

7. In the past year, how often did you take part in **moderate** physical activity (such as tennis, volleyball, alpine skiing, fast walking)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

8. In the past year, how often did you take part in **vigorous** physical activity (such as jogging, vigorous swimming, soccer, strenuous sports)?

times  per day;  per week;  per month

For how many months in the past year did you participate in this activity?  months

9. Thinking about a seven day period (a week), how often did you participate in any regular activity long enough to work up a sweat in the past year?

often  
 sometimes  
 never/rarely

---

The next set of questions asks about your use of cigarettes, pipes, cigars, or snuff. If your smoking habits have not changed **in the past six months**, or if you have never smoked cigarettes, cigars, pipes, or used snuff, [click here](#) to skip to the next set of questions.

10. In the past six months, have you stopped smoking cigarettes, cigars, a pipe, chewing tobacco, or using snuff completely?

yes;  no

11. In the past six months, have you started to smoke cigarettes, cigars, a pipe, chewing tobacco, or using snuff?

yes, I've started to smoke cigarettes  
 yes, I've started to smoke cigars  
 yes, I've started to smoke a pipe  
 yes, I've started to chew tobacco  
 yes, I've started to use snuff

If yes, about how many cigarettes, cigars, or pipes do you currently smoke per day?

\_\_\_\_\_ cigarettes OR  
\_\_\_\_\_ cigars

- o If yes, about how many pouches of chew or cans of snuff do you currently use per day?

<input type="text"/>	<input type="button" value="▼"/>	pouches of chew OR
<input type="text"/>	<input type="button" value="▼"/>	cans of snuff

12. In the past six months, have you been diagnosed with cancer?

- yes
- no
- not sure

- o If yes, what type of cancer? Select **all** that apply. Please note that the way you are able to select more than one option will differ based on what type of computer you are using.

adrenal gland
bladder
bone
breast
brain

13. In the past six months, has a healthcare professional told you that you have any of the following medical conditions?

Medical Condition	yes	no	not sure
Angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary artery bypass or angioplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol (>200mg/dl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis (brittle bones)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An enlarged prostate or BPH (benign prostatic hypertrophy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An infection or inflammation of your prostate (prostatitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the past six months, have you been screened for PSA (prostate specific antigen)?

- yes
- no
- not sure

- o If yes, why were you screened?

- part of a routine checkup
- because of symptoms
- not sure

- o If yes, was your PSA elevated?

- yes
- no
- not sure

15. In the past six months, have you ever had an ultrasound exam of the prostate to check for prostate disease?

yes

- no
- not sure

16. How would you rate the amount of stress you experience daily **at work?**

- severe
- moderate
- light
- minimal

17. How would you rate the amount of stress you experience daily **at home?**

- severe
- moderate
- light
- minimal

18. How did you find out about the initial ECCS survey?

- Listserv posting (which one?
- Usenet posting (which one?
- Internet search (which directory?
- Other (please specify)
- News article
- Email from friend

---

As part of this study we would like to update your responses to the online dietary questionnaire you filled out several months ago. While we realize this will require additional time and effort, this information is very important to help us evaluate the dietary portion of our questionnaire. Filling out this questionnaire is optional.

19. Would you like to fill out the dietary questionnaire again?

- Yes;  No
- 

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[healthsurvey@epihub.epi.umn.edu](mailto:healthsurvey@epihub.epi.umn.edu)

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Questions or comments should be addressed to the [ECCSSite! Webmaster](#)

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URL: [http://www.epi.umn.edu/health\\_survey/](http://www.epi.umn.edu/health_survey/)

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Last Update: October 1, 1997

**APPENDIX 3**

**MAILED QUESTIONNAIRE**

# The Epidemiologic Cyberspace Cohort Study

University of Minnesota  
School of Public Health  
Division of Epidemiology

Thank you for your participation in the Epidemiologic Cyberspace Cohort Study. The following questionnaire is designed to evaluate the ability of our web site to collect accurate and reliable information. We are particularly interested in the accuracy of your dietary and physical activity responses. On the following pages, you will find selected questions about your physical activity and demographic information, as well as the full food frequency questionnaire.

Generally, there are three different types of questions we are asking you to complete. Please answer them to the best of your ability. All information will be kept strictly confidential. An example of the types of questions you will be asked to answer are found below.

The first type of question asks for a short written answer.

- 1) What is your date of birth?

Month: May; Day: 2; Year: 1963

The second type of question has small check boxes for answer categories.

- 2) Do you participate in any activity (on a daily basis) that helps keep you physically fit?

yes;       no

The third type of question asks for a numerical response in addition to check boxes.

- 3) In the past year, how often did you take part in **mild** physical activity (such as golf, easy walking, fishing)?

3 times;       per day;       per week;       per month

## Demographic Information

Please provide us with the following information.

1) Name: First/Given: \_\_\_\_\_ Middle: \_\_\_\_\_

Last/Family: \_\_\_\_\_ Maiden: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

2) What is your date of birth?

Month: \_\_\_\_ ; Day: \_\_\_\_ ; Year: \_\_\_\_

3) Are you female or male?  female;  male

4) What is your race? Do you call yourself....

White;  African American;  Eskimo;

Aleut;  American Indian (specify tribe): \_\_\_\_\_

Asian or Pacific Islander (if you selected this category, please select which one)

Chinese;  Filipino;  Hawaiian;

Korean;  Japanese;  Asian Indian;

Samoan;  Guamanian;  Other;

If other Asian or Pacific Islander, please specify: \_\_\_\_\_

Other race (specify): \_\_\_\_\_

5) Are you of Spanish/Hispanic origin?  yes;  no;

If yes, please specify:

Mexican;  Mexican American;  Chicano;

Puerto Rican;  Cuban;  Other;

If other Spanish/Hispanic, please specify: \_\_\_\_\_

## **Demographic Information - continued**

6) In your own words, how do you describe your racial/ethnic identity?

\_\_\_\_\_

7) How did you find out about our survey?

- Listserv posting (which one?) \_\_\_\_\_
- Usenet posting (which one?) \_\_\_\_\_
- Internet search (which directory?) \_\_\_\_\_
- News article (what newsletter?) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- E-mail from friend

## **Physical Activity**

1) Do you participate in any activity (on a daily basis) that helps keep you physically fit?

yes;       no

2a) In the past year, how often did you take part in **mild** physical activity (such as golf, easy walking, fishing)?

\_\_\_\_\_ times;       per day;       per week;       per month

b) For how many months in the past year did you participate in this activity?

\_\_\_\_\_ months

3a) In the past year, how often did you take part in **moderate** physical activity (such as tennis, volleyball, alpine skiing, fast walking)?

\_\_\_\_\_ times;       per day;       per week;       per month

b) For how many months in the past year did you participate in this activity?

\_\_\_\_\_ months

4a) In the past year, how often did you take part in **vigorous** physical activity (such as jogging, vigorous swimming, soccer, strenuous sports)?

\_\_\_\_\_ times;       per day;       per week;       per month

b) For how many months in the past year did you participate in this activity?

\_\_\_\_\_ months

The next several pages contain a food frequency questionnaire similar to the on-line questionnaire you filled out previously. The instructions for completing this food frequency questionnaire are similar; you should enter a number in the most appropriate column indicating how often you eat each food item **on average**. Use the past 12 months as a guide for your food intake. For example, if you drink orange juice 5 times a week, your response should look like:

	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Fruits and Juices					
Orange juice (small glass)		5			

In addition, if you eat some foods only during certain times of the year, please try to average your intake over the entire year. For example, if you eat strawberries 4 times a week during the approximate 3 months they are in season, then your average use would be once per week.

Please go to the next page

# Food Frequency Questionnaire

Fruits and Juices	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Raisins or grapes (1 oz. or 28 g)					
Prunes (1/2 cup or 117 g)				—	
Bananas (1 medium)					
Cantaloupe (1/4 medium)					
Watermelon (1 slice)					
Apples, applesauce, pears (1, 1/2 cup or 112 g)					
Apple juice or cider (small glass)					
Tangerines or mandarin oranges (1 each, 1 cup or 195g)					
Orange (1 medium)					
Orange juice (small glass)					
Grapefruit or Pomelo (1/2 of a whole, 1/2 cup or 115 g)					
Grapefruit juice (small glass)					
Pineapple (1 cup, 254 g or 4 slices)					
Papaya (1 whole)					
Mangoes (1 medium, 1 cup or 165 g)					
Other fruit juices (small glass)					
Strawberries - fresh, frozen or canned (1/2 cup or 75 g)					
Blueberries - fresh, frozen or canned (1/2 cup or 75 g)					
Peaches, apricots, nectarines (1 fresh, 1/2 cup or 128g canned)					
Overall, how often do you eat fruit that is purchased fresh?					
Overall, how often do you eat fruit that is purchased frozen?					
Overall, how often do you eat fruit that is purchased canned?					
Overall, how often do you eat fruit that is grown organically (without the use of pesticides, herbicides or other chemicals)?					
If there are any other fruits not included in our list that you eat regularly ( at least once per week) please provide use with the following information about them:					

Type of fruit	Amount you usually eat	Number of times	
		Per Day	Per Week
1)			
2)			
3)			

<b>Vegetables</b>	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Tomatoes (1)					
Tomato juice (small glass)					
Tomato sauce, spaghetti sauce (1/2 cup or 128 g)					
Red chili sauce, taco sauce, salsa picante (1/2 cup or 28 g)					
String beans, green beans (1/2 cup or 68 g)					
Peas (1/2 cup or 80 g)					
Corn (1/2 cup or 80 g)					
Beans or lentils - baked or dried (1/2 cup or 130 g)					
Yellow or winter squash (1/2 cup or 103 g)					
Eggplant, zucchini or other summer squash (1/2 cup or 90 g)					
Sweet potatoes, yams (1/2 cup or 70 g)					
Broccoli (1/2 cup or 78 g)					
Cauliflower or brussel sprouts (1/2 cup or 62 g)					
Carrots (1/2 cup or 78 g)					
Cole slaw, cabbage, sauerkraut (1/2 cup or 75 g)					
Raw spinach (1 cup or 112 g)					
Cooked spinach (1/2 cup or 90 g)					
Mustard greens, turnip greens, collards (1/2 cup or 88 g)					
Iceberg or head lettuce (1 cup or 56 g)					
Romaine or leaf lettuce (1 cup or 56 g)					
Celery (4" stick or 10 cm stick)					
Mushrooms - fresh, cooked or canned (one)					
Beets (1/2 cup or 85 g)					
Alfalfa sprouts (1/2 cup or 17 g)					
Garlic - fresh or powdered (1 clove or shake)					
Onions (1 tbsp or 1 slice)					
Green or chili peppers (1/4 cup or 40 g)					
Overall, how often do you eat vegetables that are purchased fresh?					
Overall, how often do you eat vegetables that are purchased frozen?					
Overall, how often do you eat vegetables that are purchased canned?					
Overall, how often do you eat vegetables that are grown organically (without the use of pesticides, herbicides or other chemicals?)					

## Vegetables - continued

If there are any other vegetables not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

Type of vegetable	Amount you usually eat	Number of times	
		Per Day	Per Week
1)		—	
2)			
3)			

## Beverages

		Number of times			
		Per Day	Per Week	Per Month	Per Year
Low calorie cola with caffeine - for example, Diet Coke or Tab (12 oz can or 360 ml)					
Low calorie caffeine-free cola - for example, Pepsi Free (12 oz can or 360 ml)					
Other low calorie carbonated beverage - for example, Diet 7-up, diet ginger ale (12 oz can or 360 ml)					
Coke, Pepsi or other cola with sugar (12 oz can or 360 ml)					
Caffeine-free Coke, Pepsi or other cola with sugar (12 oz can or 360 ml)					
Other carbonated beverage with sugar - for example, ginger ale or 7-up (12 oz can or 360 ml)					
Decaffeinated coffee (1 cup or 240 ml)					
Coffee, not decaffeinated (1 cup or 240 ml)					
Tea - not herbal (1 cup or 240 ml)					
Sugar in coffee or tea (1 tsp or 5 g)					
Artificial sweetner in coffee or tea - for example, Equal or Sweet and Low (1 packet)					
Glasses of water, not including in coffee or tea (8 oz or 240 ml)					
Bottled water - for example, Evian or Poland Springs (8 oz or 240 ml)					
Beer (12 oz can or 360 ml)					
White wine (4 oz or 120 ml)					
Red wine (4 oz or 120 ml)					
Liquor (1 shot)					

## Beverages - continued

If there are any other beverages not included in our list that you drink **regularly** (at least once per week) please provide us with the following information about them:

Type of beverage	Amount you usually drink	Number of times		
		Per Day	Per Week	
1)				
2)				
3)				

## Breads, Cereals & Starches

		Number of times				
		Per Day	Per Week	Per Month	Per Year	I don't drink it
Cold breakfast cereal (1 cup or 234 g)						
Cooked oatmeal (1 cup or 234 g)						
Other cooked breakfast cereals (1 cup or 224 g)						
Pancakes or waffles (1 serving)						
English muffin, bagels or rolls (1)						
Biscuits or muffins (1)						
White bread - including pita (1)						
Dark bread, including whole wheat, rye, pumpernickel (1 slice)						
Corn bread or corn tortillas (1 medium piece)						
White rice (1 cup or 158 g)						
Brown or wild rice (1 cup or 195 g)						
Fried rice (1 cup)						
Mexican or Spanish rice (1 cup)						
Other grains - for example, couscous, kasha or bulgar (1 cup or 186 g)						
Pasta - for example, spaghetti or noodles (1 cup or 140 g)						
French fries or fried potatoes (1/2 cup or 112 g)						
Baked potatoes (1) or mashed potatoes (1 cup or 210 g)						
Taro (1/2 taro)						
Poi (1/2 cup or 112 g)						
Crackers - for example, Wheat Thins or Triskets (1)						
Overall, how often do you eat cereal grains and grain products that are whole or unrefined (such as brown rice)?						

<b>Breads, Cereals &amp; Starches - continued</b>	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Overall, how often do you eat cereal grains and grain products that are refined (such as white rice)					
Overall, how often do you eat cereal grains or grain products that are grown organically (grown without the use of pesticides, herbicides or other chemicals)?					
If there are any other types of bread, cereal or starch not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:					
		Number of times			
Type of bread	Amount you usually eat	Per Day	Per Week		
1)					
2)					
3)					
<b>Dairy Foods</b>		Number of times			
Whole milk and beverages with whole milk - exclude use on cereal (8 oz or 240 ml)		Per Day	Per Week	Per Month	Per Year
2% milk and beverages with 2% milk - exclude use on cereal (8 oz or 240 ml)					
Skim milk, 1% and buttermilk - exclude use on cereal (8 oz or 240 ml)					
Non-dairy creamer - for example, in coffee or tea (1 tsp or 2 g)					
Cream or half-and-half - for example, in coffee or tea (1 tbslp or 15 g)					
Ice cream (1/2 cup or 66 g)					
Frozen yogurt, ice milk or sherbet (1/2 cup or 105 g)					
Whole milk yogurt - not frozen (8 oz or 227 g)					
Low fat yogurt - not frozen (8 oz or 227 g)					
Cottage cheese - regular fat or 4% fat (1/2 cup or 105 g)					
Low fat cottage cheese (1 cup or 210 g)					
Cream cheese (1 oz or 28 g)					
Other cheeses and cheese spreads - for example American (1 slice, 1 oz or 28 g)					
Low fat cheeses and cheese spreads - for example, Mozarella or "light" (1 slice, 1 oz or 28 g)					

## **Dairy Foods - continued**

If there are any other dairy foods not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

		Number of times	
Type of dairy food	Amount you usually eat	Per Day	Per Week
1)		-	
2)			
3)			

## **Meats, Poultry, Fish & Eggs**

		Number of times				
		Per Day	Per Week	Per Month	Per Year	I don't eat it
<b>Meats, Poultry, Fish &amp; Eggs</b>						
<b>Red Meats</b>						
Regular hamburger or ground beef - including cheeseburgers or meatloaf (1 patty)						
Lean or extra-lean hamburger (1 patty)						
Beef or veal as a main dish - for example, as a steak or roast (4-6 oz or 112-168 g)						
Pork as a main dish - for example, as a steak, roast or chop (4-6 oz or 112-168 g)						
Lamb as a main dish - for example, as a roast or chop (4-6 oz or 112-168 g)						
Beef, pork or lamb as a mixed dish (3 oz or 85 g)						
Ham (4oz or 112 g)						
Salami, bologna or other lunch meats from beef or pork (1 slice)						
Hot dogs or frankfurters (1)						
Bratwurst, knockwurst, Italian or Polish sausage or other lunch type sausage (1 link, 3 oz or 84 g)						
Breakfast sausage (1)						
Bacon (2 slices)						
Liver from beef (4 oz or 112 g)						
Other organ meats from mammals - for example, kidney or heart (4 oz or 112 g)						
Overall, how often do you eat red meat that is purchased fresh (for example, from a butcher)?						

<b>Meats, Poultry, Fish &amp; Eggs- continued</b>	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Overall, how often do you eat red meat that is purchased frozen?					
Overall, how often do you eat red meat that is purchased canned?					
Overall, how often do you eat red meat that is raised organically (fed only organically grown feed)?					
If there are any other types of red meat not included in our list that you eat <b>regularly</b> (at least once per week) please provide us with the following information about them:					
Number of times					
Type of red meat	Amount you usually eat	Per Day	Per Week		
1)					
2)					
3)					
Number of times					
<b>Poultry</b>	Per Day	Per Week	Per Month	Per Year	I don't eat it
Fried chicken (2 small or 1 large piece)					
Chicken or turkey, with skin (4-6 oz or 112-168 g)					
Chicken or turkey, without skin (4-6 oz or 112-168 g)					
Turkey or chicken sausage, salami or other lunch meats (1 link or slice)					
Chicken or other poultry livers - including pate (3 oz or 84 g)					
Turkey or chicken hot dogs or frankfurters (1)					
Eggs (1)					
Overall, how often do you eat poultry that is purchased fresh?					
Overall, how often do you eat poultry that is purchased frozen?					
Overall, how often do you eat poultry that is purchased canned?					
Overall, how often do you eat poultry that is raised organically (fed only organically grown feed)?					

## Poultry - continued

If there are any other types of poultry not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

Type of poultry	Amount you usually eat	Number of times	
		Per Day	Per Week
1)			
2)			
3)			

Fish		Number of times			
		Per Day	Per Week	Per Month	Per Year
Canned tuna fish, tuna salad, tuna casserole (1/2 cup or 112 g)					
Fried fish or fish sticks (4 oz or 112 g)					
Dark meat ocean fish - baked or broiled - for example salmon or macerel (4 oz or 112 g)					
White meat ocean fish - baked or broiled - for example cod or halibut (4 oz or 112 g)					
Freshwater fish - baked or broiled - for example trout (4 oz or 112 g)					
Fried clams or other fried shellfish (20 small clams)					
Shrimp or prawns - not fried (3 oz or 85 g)					
Lobster, crab or other shellfish - not fried (1 cup or 145 g)					
Overall, how often do you eat fish that is purchased fresh?					
Overall, how often do you eat fish that is purchased frozen?					
Overall, how often do you eat fish that is purchased canned?					
Overall, how often do you eat fish that is farm raised?					

If there are any other types of fish not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

Type of fish	Amount you usually eat	Number of times	
		Per Day	Per Week
1)			
2)			
3)			

<b>Mixed Dishes and Vegetarian Items</b>	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Pizza with pepperoni, salami or sausage (2 slices)					
Pizza without meat (2 slices)					
Lasagna with beef or pork (1 cup)					
Lasagna with chicken (1 cup)					
Lasagna without meat (1 cup)					
Stir-Fried vegetables with beef or pork (1 cup or 224 g)					
Stir-Fried vegetables with chicken (1 cup or 224 g)					
Stir-Fried vegetables without meat (1 cup or 224 g)					
Burritos with beef or pork - con carne (1 medium)					
Burritos with chicken - con pollo (1 medium)					
Vegetable or bean burritos (1 medium)					
Enchiladas with beef or pork - con carne (1 enchilada)					
Enchiladas with chicken - con pollo (1 enchilada)					
Enchiladas with cheese - con queso (1 enchilada)					
Tacos with beef or pork - con carne (1 taco)					
Tacos with chicken - con pollo (1 taco)					
Chili with meat and beans (1 cup or 255 g)					
Chili with meat, without beans (1 cup or 255 g)					
Vegetarian chili (1 cup or 255 g)					
Lentil or bean soup with meat (1 medium bowl)					
Lentil or bean soup without meat (1 medium bowl)					
Vegetarian burgers - such as garden burgers or tofu burgers (1 patty)					
Tofu or soybeans (3 oz or 84 g)					
Miso (1 tblsp)					
Soy sauce or tamari (1 tblsp or 18 g)					
Soy milk (8 oz or 240 ml)					
Humus (1/2 cup or 120 g)					
Tempeh (4 oz or 83 g)					
Nori or laver (2 tsp or 10 g)					
Kombu or kelp (2 tsp or 10 g)					
Wakame (2 tsp or 10 g)					
Hijiki (2 tsp or 10 g)					
Arame (2 tsp or 10 g)					
Other seaweeds (2 tsp or 10 g)					
Overall, how often do you eat bean products that are frozen?					

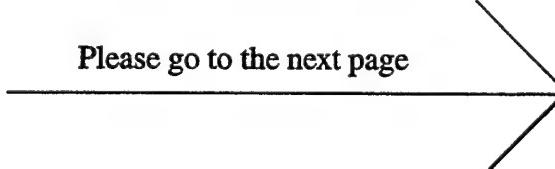
<b>Mixed Dishes and Vegetarian-continued</b>	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Overall, how often do you eat beans or bean products that are canned?					
Overall, how often do you eat beans or bean products that are grown organically (grown without the use of pesticides, herbicides or other chemicals)?					
If there are any other types of mixed dishes or vegetarian items that you eat regularly (at least once per week) please provide us with the following information about them:					
Number of times					
Type of mixed dish or vegetarian item	Amount you usually eat	Per Day	Per Week		
1)					
2)					
3)					
<b>Sweets, Snacks &amp; Miscellaneous Items</b>	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Doughnuts (1 each)					
Sweet roll, coffee cake or other pastry (1 each)					
Home baked cookies (1 cookie)					
Ready made cookies (1 cookie)					
Reduced fat cookies (2 cookies)					
Home baked cake (1 slice)					
Ready made cake (1 slice)					
Brownies (1 piece)					
Reduced fat brownies (1 piece)					
Homemade pie (1 slice)					
Ready made pie (1 slice)					
Chocolate candy - for example, Hershey's or M&M's (1 piece, 1 oz. or 28 g)					
Candy bars - for example Snickers, Milk Way or Reeses (1 bar)					
Candy without chocolate (1 oz or 28 g)					
Peanuts (1 oz or 28 g)					
Walnuts (1 oz or 28 g)					

Sweets, Snacks & Misc. - continued	Number of times				
	Per Day	Per Week	Per Month	Per Year	I don't eat it
Cashews (1 oz or 28 g)					
Almonds (1 oz or 28 g)					
Other nuts (1 oz or 28 g)					
Sunflower seeds (1 oz or 28 g)					
Other seeds (1 oz or 28 g)					
Popcorn (1 cup or 8 g)					
Chips - potato or corn (1 oz bag or 28 g)					
Jams, jellies, preserves, syrup or honey (1 tblsp or 15 g)					
Peanut butter (1 tblsp or 15 g)					
Bran, added to food (1 tblsp or 4 g)					
Wheat germ (1 tblsp or 7 g)					
Mustard - dry or prepared (1 tsp or 5 g)					
Salad dressing (1 tblsp or 15 g)					
Dim Sum - for example Bao or Manapua (3 to 4 pieces)					
Other Dim Sum - for example pork hash, fried won ton, eggroll (3 to 4 pieces)					

If there are any other sweets, snacks or miscellaneous items not included in our list that you eat regularly (at least once per week) please provide us with the following information about them:

		Number of times	
Type of sweet or snack	Amount you usually eat	Per Day	Per Week
1)			
2)			
3)			

Please go to the next page



## Nutritional Supplements

For each of the following supplements, please indicate the dose you take, how many pills you take per day, week, etc, and how long you have taken it. If you do not take any supplements, please check "no" to the first question and proceed to the next set of questions. For example, if you have been taking 5,000 IU of Vitamin A per day for the last 5 months, your response should look like:

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
Vitamin A (IU)	<input checked="" type="checkbox"/> < 5,000 IU <input checked="" type="checkbox"/> 5,000-9,999 <input type="checkbox"/> 10,000-14,999 <input type="checkbox"/> 15,000-20,000 <input type="checkbox"/> > 20,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> 5 months; OR <input type="checkbox"/> years
I don't take Vitamin A			

Do you currently take vitamins or nutritional supplements? \_\_\_\_\_ yes; \_\_\_\_\_ no;

Do you currently take multiple vitamins?  
If yes, how many do you take?  
 \_\_\_\_\_ yes; \_\_\_\_\_ no;  
 \_\_\_\_\_ per day  
 \_\_\_\_\_ per week  
 \_\_\_\_\_ per month

What type of multivitamin do you take?  
 \_\_\_\_\_ one-a-day type  
 \_\_\_\_\_ stress type  
 \_\_\_\_\_ therapeutic type  
 \_\_\_\_\_ other

If you selected "other" please specify \_\_\_\_\_

How long have you been taking multivitamins \_\_\_\_\_ months; OR \_\_\_\_\_ years

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
Vitamin A (IU)	<input type="checkbox"/> < 5,000 IU <input type="checkbox"/> 5,000-9,999 <input type="checkbox"/> 10,000-14,999 <input type="checkbox"/> 15,000-20,000 <input type="checkbox"/> > 20,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
I don't take Vitamin A.			
Vitamin C (mg)	<input type="checkbox"/> < 100 mg <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1,000-1,500 <input type="checkbox"/> > 1,500 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
I don't take Vitamin C.			

## Nutritional Supplements - continued

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
Vitamin D (IU)  <input type="checkbox"/> I don't take Vitamin D.	<input type="checkbox"/> < 200 IU <input type="checkbox"/> 200-399 <input type="checkbox"/> 400-599 <input type="checkbox"/> 600-799 <input type="checkbox"/> 800-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Vitamin E (IU)  <input type="checkbox"/> I don't take Vitamin E.	<input type="checkbox"/> < 100 IU <input type="checkbox"/> 100-299 <input type="checkbox"/> 300-499 <input type="checkbox"/> 500-699 <input type="checkbox"/> 700-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Vitamin B6 (mg)  <input type="checkbox"/> I don't take Vitamin B6.	<input type="checkbox"/> < 10 mg <input type="checkbox"/> 10-39 <input type="checkbox"/> 40-69 <input type="checkbox"/> 70-100 <input type="checkbox"/> > 100 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Vitamin B12 (mcg)  <input type="checkbox"/> I don't take Vitamin B12.	<input type="checkbox"/> < 50 mcg <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Folic Acid (Folate or Folacin - mcg)  <input type="checkbox"/> I don't take Folic Acid.	<input type="checkbox"/> < 100 mcg <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years

## Nutritional Supplements - continued

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
Magnesium (mg)  I don't take Magnesium.	<input type="checkbox"/> < 100 mg <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Manganese (mg)  I don't take Manganese.	<input type="checkbox"/> < 10 mg <input type="checkbox"/> 10-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-299 <input type="checkbox"/> 300-399 <input type="checkbox"/> 400-500 <input type="checkbox"/> > 500 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Selenium (mcg)  I don't take Selenium.	<input type="checkbox"/> < 50 mcg <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-149 <input type="checkbox"/> 150-199 <input type="checkbox"/> 200-249 <input type="checkbox"/> 250-300 <input type="checkbox"/> >300 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Chromium (mcg)  I don't take Chromium.	<input type="checkbox"/> < 50 mcg <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Beta-Carotene (IU)  I don't take Beta-Carotene.	<input type="checkbox"/> < 10,000 IU <input type="checkbox"/> 10,000-24,999 <input type="checkbox"/> 25,000-49,999 <input type="checkbox"/> 50,000-74,999 <input type="checkbox"/> 75,000-100,000 <input type="checkbox"/> > 100,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years

## Nutritional Supplements - continued

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
Calcium (mg)	<input type="checkbox"/> < 100 mg <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-999 <input type="checkbox"/> 1,000-1,249 <input type="checkbox"/> 1,250-1,500 <input type="checkbox"/> > 1,500 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Iron (mg)	<input type="checkbox"/> I don't take Iron. <input type="checkbox"/> < 50 mg <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-299 <input type="checkbox"/> 300-400 <input type="checkbox"/> > 400 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Zinc (mg)	<input type="checkbox"/> I don't take Zinc. <input type="checkbox"/> < 10 mg <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100-124 <input type="checkbox"/> 125-150 <input type="checkbox"/> > 150 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
Copper (mg)	<input type="checkbox"/> I don't take Copper. <input type="checkbox"/> < 1 mg <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> > 10 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years

## Nutritional Supplements - continued

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
Brewer's Yeast  <input type="checkbox"/> I don't take Brewer's Yeast	<input type="checkbox"/> 1-2 teaspoons <input type="checkbox"/> 3-4 teaspoons <input type="checkbox"/> 5 teaspoons  <input type="checkbox"/> 1-2 tablespoons <input type="checkbox"/> 3-4 tablespoons <input type="checkbox"/> 5 tablespoons  <input type="checkbox"/> 1-2 tablets <input type="checkbox"/> 3-4 tablets <input type="checkbox"/> not sure	<input type="checkbox"/> _____ per day <input type="checkbox"/> _____ per week <input type="checkbox"/> _____ per month <input type="checkbox"/> _____ per year	<input type="checkbox"/> _____ months; OR <input type="checkbox"/> _____ years
Cod Liver Oil (IU) (Please specify the amount of Vitamin A and D in the supplement you take)  <input type="checkbox"/> I don't take Cod Liver Oil	<b>Vitamin D IU</b>  <input type="checkbox"/> < 200 <input type="checkbox"/> 200-399 <input type="checkbox"/> 400-599 <input type="checkbox"/> 600-799  <input type="checkbox"/> 800-1,000 <input type="checkbox"/> > 1,000  <b>Vitamin A IU</b>  <input type="checkbox"/> < 5,000 <input type="checkbox"/> 5,000-9,999 <input type="checkbox"/> 10,000-14,999 <input type="checkbox"/> 15,000-20,000  <input type="checkbox"/> > 20,000 <input type="checkbox"/> not sure	<input type="checkbox"/> _____ per day <input type="checkbox"/> _____ per week <input type="checkbox"/> _____ per month <input type="checkbox"/> _____ per year	<input type="checkbox"/> _____ months; OR <input type="checkbox"/> _____ years
Garlic (mg)  <input type="checkbox"/> I don't take Garlic.	  <input type="checkbox"/> < 100 mg <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-299 <input type="checkbox"/> 300-399 <input type="checkbox"/> 400-499 <input type="checkbox"/> 500-599  <input type="checkbox"/> 600-699 <input type="checkbox"/> 700-799 <input type="checkbox"/> 800-899 <input type="checkbox"/> 900-1,000  <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	  <input type="checkbox"/> _____ per day <input type="checkbox"/> _____ per week <input type="checkbox"/> _____ per month <input type="checkbox"/> _____ per year	  <input type="checkbox"/> _____ months; OR <input type="checkbox"/> _____ years

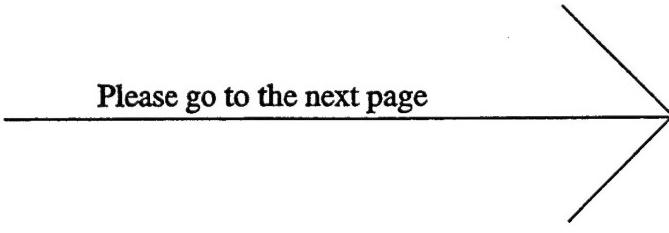
## Nutritional Supplements - continued

Vitamin	Dose per pill	Number of pills per day, week, month, etc	How long you have taken the supplement
DHA (mg) (Docosahexaenoic Acid)	<input type="checkbox"/> < 50 mg <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
I don't take DHA.			<input type="checkbox"/>
EPA (mg) (Eicosapentaenoic Acid)	<input type="checkbox"/> < 50 mg <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-749 <input type="checkbox"/> 750-1,000 <input type="checkbox"/> > 1,000 <input type="checkbox"/> not sure	<input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year	<input type="checkbox"/> months; OR <input type="checkbox"/> years
I don't take EPA.			

If there are any other supplements not included in our list that you use regularly (at least once per week) please provide us with the following information about them:

Type of supplement	Dose you usually take	Number of pills		How long you have taken the supplement	
		Per Day	Per Week	Months	Years
1)					
2)					
3)					

Please go to the next page



## Food Preparation

1) How much of the visible fat on your meat do you remove before eating?

- remove all;       remove most;       remove some;       remove none;  
 I do not eat meat.

2) What type of fat do you typically use when frying or sauteing?

- butter;       margarine;       lard;       vegetable oil;  
 vegetable shortening;       I do not fry or saute.

3) What type of fat do you usually use when baking?

- butter;       margarine;       lard;       vegetable oil;  
 vegetable shortening;       I do not use fat when I bake.

4) What form of margarine do you usually use?

- stick form;       tub form;       diet form (low calorie);  
 I do not use margarine;

5) What type of fat do you usually add to vegetables, potatoes, etc?

- butter;       margarine;       lard;       vegetable oil;  
 vegetable shortening;       I do not add fat to my food .

6) When you cook, what type of oil do you typically use?

- almond;       apricot kernel;       canola/rapeseed;       coconut;  
 corn;       cottonseed;       grapeseed;       linseed;  
 oat bran;       olive;       palm;       pam;  
 peanut;       rice bran;       safflower;       sesame;  
 soy (Crisco or Wesson);       sunflower;       walnut;

## **Food Preparation - continued**

- 7) How often do you eat fried food away from home (please indicate the number of times you eat fried food per day or per week or per month, etc.)

\_\_\_\_\_ times       per day;       per week;       per month;  
 per year;       I don't eat fried food away from home.

- 8) How often do you eat fried food at home?

\_\_\_\_\_ times       per day;       per week;       per month;  
 per year;       I don't eat fried food at home.

If you have any comments about our survey, please share them with us in the space below:

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Thank you again for taking the time to complete our questionnaire. Please put the questionnaire in the postage-paid envelope provided and send it to us.

Your participation is greatly appreciated.

The ECCSite! Research Team